



*Photograph by Polyfoto*

ALEXANDER WALK  
President 1960-61

*Frontispiece*

# THE JOURNAL OF MENTAL SCIENCE

[*Published by Authority of the  
Royal Medico-Psychological Association*]

---

No. 446 [NEW SERIES  
NO. 410]

JANUARY, 1961

VOL. 107

---

## Original Articles

---

### THE HISTORY OF MENTAL NURSING

THE PRESIDENTIAL ADDRESS AT THE ONE HUNDRED AND TWENTIETH ANNUAL MEETING OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION HELD AT CANE HILL HOSPITAL, 13 JULY, 1960

By

**ALEXANDER WALK, M.D., D.P.M.**

*Physician Superintendent*

*Cane Hill Hospital, Coulsdon, Surrey*

ROUND about thirty-five years ago, when I was first introduced to the affairs of our Association by two of my chiefs, A. W. Daniel, who was secretary of our Education Committee, and John R. Lord, who officially or unofficially filled almost every other available office—at this time I became aware that there were two categories of President; those elected because of their professional eminence, and those who were rewarded for their services to the Association—and of course there were many who qualified under both headings. Now, in spite of Dr. MacNiven's generous words, I feel that my own election has come about entirely through the kindness and indulgence of our members. It is recorded in divers places in our annals that a warm welcome is traditionally extended to newly-joined members, and I can testify that I have throughout experienced this kindness at your hands irrespective of the rank I happened to occupy or of my success or lack of success in the promotion race. For this experience, of which today marks the culmination, I am truly grateful; and I can confidently claim that in loyalty and affection towards the Association, though in no other respect, I can stand comparison with the greatest of my predecessors.

I am fortunate in that, unlike some previous Presidents, I have had no difficulty in finding a fresh subject upon which to address you. As your librarian you will naturally expect me to choose a literary or historical topic, and several of these readily suggested themselves as appropriate; for instance, having taken some part in the parliamentary work of the Association, I might have attempted to survey the history of mental health legislation and of the Select Committees and Royal Commissions which have grappled with the problem from 1763 to the present time. Or I might have built up an address

based on the life and opinions of Sir John Bucknill, who edited our journal with such vigour during the first ten years of its existence, and who spoke so forcefully from the Presidential Chair exactly a hundred years ago. But it so happens that on your recommendation I have been closely concerned with psychiatric nursing as an examiner and member of the General Nursing Council, and it seemed to me a more urgent matter to attempt to place on record something of the history of mental nursing, as well as to organize as part of this meeting a full-scale discussion on the training of the psychiatric team, in which representatives of the nursing organizations could join. You will certainly be aware of the almost complete neglect of mental nursing in the current histories, whether of nursing or of psychiatry; Zilboorg and Henry give the subject a single page, the last in their book; there is no reference at all in Anne Austin's otherwise excellent *History of Nursing Source Book*; Jensen's recent *History of the Nursing Profession* also ignores mental nursing with the one curious exception of a report on recent developments in this country, supplied by the General Nursing Council and mentioning the introduction of the new training syllabus; and so on.

To deal adequately with the development of mental nursing even during what one may call historic times—the last century and a half—would of course be far beyond the compass of an address of this kind. The Bible tells us to “consider the years of many generations”; a better translation, I think, would be “get to understand the years generation by generation”—we are in other words constantly to relate events to the conditions existing in each period. Thus we would need to compare the progress of mental nursing at every stage with the corresponding state of other branches of nursing and of psychiatric science and practice, and with the general social conditions to which our own branch is so peculiarly sensitive. This background to events and developments I can only refer to intermittently, and must leave much to be supplied by your own knowledge and imagination.

I feel that I cannot do better than begin with the glorious work of St. Vincent de Paul and Ste. Louise de Marillac in 17th century Paris. In his own institution, St. Lazare, Vincent provided care and treatment, not only for the mentally ill, but also for what we would now recognize as psychopathic personalities. With little aid from orthodox medicine, but fully recognizing that he was dealing with sick people, he and his brotherhood relied on moral means of treatment. Praising his helpers, he told them that this work was all the more meritorious when they derived least natural satisfaction from it, when for instance they were doing good in secret to patients who showed no gratitude. In 1655 Louise de Marillac (also known as Mme Le Gras), who was the directress of Vincent's other order of the Daughters of Charity, was asked to take charge of the nursing of the insane and senile patients at the Petites-Maisons. Vincent's admonition to the nurses is memorable: “Say to yourselves: ‘I am going to honour in my patients the incarnate wisdom of God, who willed that He himself should embrace this state in order to sanctify it like all others.’” Several cures of acute mental illness were reported within a short time. The name of one nurse of those early days, Sister Nicole, has been preserved, and of her it is recorded that though often roughly treated and several times wounded by patients she was never known to show the least resentment towards them.

The Brothers of the Order of St. John of God also engaged in the care of the insane from about the same period, and were responsible among others for the still flourishing hospital of Charenton. A number of French authors

have shown in recent years that a more liberal attitude to mental illness existed in the 18th century than had previously been supposed, and far more interest was taken in their legal protection and medical treatment. Nevertheless, after the reforms of Pinel and Esquirol, it was generally considered that those hospitals in which the nursing remained in the hands of religious communities were apt to lag behind in the general progress which was being made, and in this country there was, for this reason, little inclination to make use of such communities. I need hardly add that both the Sisters of Charity and the Order of St. John of God continue to this day to provide psychiatric nursing services of a high standard in many parts of the world.

The vast establishments of Bicêtre and the Salpêtrière, each, it has been said, "a pandemonium of all the miseries", were from 1793 onwards the scene of the classical labours of Philippe Pinel. Of Pinel, as we all know; but also of his indispensable collaborator, the man whom he calls the "Governor" or "Chief",—today we would say "Chief Male Nurse"—Jean-Baptiste Pussin. Not appointed by Pinel, but in office before Pinel became physician to Bicêtre, Pussin was already bringing into action principles of which Pinel thoroughly approved. "He exercised" says Pinel "the vigilance of a tried and watchful parent . . . cruel treatment of every description was banned . . ." Further acquaintance only increased Pinel's respect for his fellow-worker, whom in his book he constantly praises for his qualities of heart and head. It was the close partnership of Pinel and Pussin, considering in daily conference the indications for the moral treatment of each patient, that enabled the chains to be abandoned,\* and an orderly and humane régime to prevail.

Now Pussin had himself been a patient at Bicêtre, suffering, it is believed, from depression in early manhood; and it became his policy to choose many of his assistants from among recovered or convalescent patients. This practice was heartily approved of by Pinel, who describes these recruits as "averse from cruelty though the recollection of what they had themselves experienced and disposed to humanity and kindness from the value which for the same reason they could not fail to attach to them". At the Salpêtrière, to which Pinel, and later Pussin, were successfully transferred, reform was not achieved until 1801, when many of the existing staff were replaced by convalescents. In his account of these events Pinel draws a sympathetic picture of the hardships endured by the nurse in charge of the acute patients' court, though he has no constructive remedy to suggest.

The female staff were presided over by Mme Pussin, with the title of "Governess", and she, like her husband, earned Pinel's praise for her good-humoured skill and resourcefulness; he gives examples ranging from simple

\* This was done, not, as is often stated, by a sudden dramatic act of Pinel's, but after several years of patient work in the face of difficulties and opposition. Pinel himself says:

"The harmful effects of the use of chains had given me much concern during the time I carried out the duties of Physician to Bicêtre, and it was not without extreme regret that I found myself unable to witness the termination of this barbaric custom [because of his transfer from Bicêtre to the Salpêtrière] but on the other hand I felt quite confident, trusting as I did in the skill of the Superintendent (M. Pussin), whose heart was as set as my own on putting an end to this negation of the true principles of treatment. Success was happily achieved by him two years later, on the 4th of Prairial, year 6 [May 1798]. Forty unfortunate patients, who had languished in irons for various lengths of time, were set at liberty and allowed to move freely about the airing courts, with their movements merely controlled by the use of the strait-waistcoat."

Pinel explains that the same result was achieved three years later (i.e., 1801) at the Salpêtrière, again with the assistance of Pussin, who had been transferred at Pinel's special request.



persuasion to elaborate stratagems concerted with her husband. It is noteworthy that her sphere of work was not confined to the female side, and in fact all the anecdotes related by Pinel concern her work among the male patients.

In England at this time there was no tradition of nursing either by religious communities or by recruits drawn from among former patients. Haslam in his work on "Moral Management", published in 1817, is under no illusion as to the depressed state of the occupation of "keeper". He emphasizes the need for careful and sympathetic direction by the physician in charge of the case, and he points out the severe handicaps under which the staff worked, especially through their altogether insufficient numbers. It appears that in the old Bethlem, abandoned in 1815, there were no more than five attendants for 120 patients, and only two for 66 women. Haslam urges "some plan to improve the condition of the keeper" and throws out two suggestions which it took a hundred years to bring into effect—"the establishment of a fund, and a provision for the later period of their lives, to which during their employment they should contribute", and the formation of "a register of persons calculated to officiate as keepers—an essential service to the public and the medical profession".

A more encouraging view can be derived from what is known of certain individual attendants and nurses whose names have been recorded. There is Sam Roberts, who attended William Cowper during his sojourn in Dr. Cotton's establishment at St. Albans, and who afterwards served him devotedly in private. There was the Miss James who took charge of Mary Lamb—one of "four daughters of a respectable Welsh clergyman who all became nurses at Mr. Warburton's, Hoxton". Warburton's Whitmore House had no great reputation in the 1820s and was in fact one of those most criticized at public inquiries; nevertheless Charles Lamb has no hesitation in telling a correspondent that "you may be very properly accommodated" by applying there for a nurse for a private case. And when in 1796 the newly-opened Retreat required a matron or "female superintendent", she was readily obtained from an existing private asylum, Dr. Fox's Brislington House at Bristol. Her name was Katherine Allen, and she and her husband, the first "superintendent" or chief male nurse, George Jepson, may be regarded as among the fathers and mothers of mental nursing in this country.

I have elsewhere drawn attention to the passage in the little-known "Sketch of the Retreat", published in 1828, in which George Jepson is given the credit for the introduction of the methods of moral treatment for which the Retreat became famous—how "after the exercise of some severity towards a violent patient he passed a sleepless night in anxious cogitation", and thereupon determined "to try an opposite system—that which presumed the patient to be generally capable of influence through the kindly affections of the heart and the medium of the understanding". In Samuel Tuke's "Description of the Retreat" of 1813, examples are given of Mr. Jepson's inventiveness—in the art of gaining the patient's confidence, the introduction of outdoor occupations, the use of a liberal supper in promoting sleep, and the social value of Mrs. Jepson's tea parties. It appears, moreover, that when in 1814 the scandals of the York Asylum were exposed and the whole of the staff there were dismissed the Jepsens were called in to reorganize the asylum, with the result that within a short time its reputation was quite re-established.

A different example of the work of a married couple was provided shortly afterwards at Wakefield Asylum (now Stanley Royd Hospital), in the same

county. Wakefield, opened in 1818, was a conscious attempt to apply Retreat principles to a county asylum of some 150–200 beds. For this the magistrates appointed as superintendent a medical man, Dr. (later Sir William) Ellis, but continued the practice of naming the superintendent's wife as the matron. From 1830 Dr. and Mrs. Ellis held the same positions at the much larger Middlesex Asylum at Hanwell. Ellis's "Treatise on Insanity", published in 1836, gives numerous examples of his wife's skill and readiness of wit in handling difficult patients, in which she must have rivalled Mme Pussin. She it was who when a violent patient seized her by the hair and told her she could "twist her head round" answered with perfect calmness: "Yes, you could; but I know that you would not hurt a single hair." She vigorously supported her husband's well-known efforts to create and extend patients' occupations. It was her idea to introduce the making of fancy articles, suited to the patients' tastes, and sold to the public at a permanent "bazaar" within the hospital.

Moreover, Ellis expressed what were for his times the most advanced views on the possibilities of mental nursing as a career for women. He called for "a group of young and highly gifted females, willing from love of God and man to assist the matron in her anxious efforts" . . . and for "ladies who have had such a portion of instruction as to enable them carefully and judiciously to apply under the direction of the professional man a proper medical and moral treatment".

This seems an appropriate point to mention another of the "fathers" of mental nursing, Thomas Digby, who in the year in which Ellis wrote his textbook set out from England to take charge of the first specially built asylum in Australia. Digby had been an attendant at St. Luke's Hospital and in Dr. A. R. Sutherland's private asylum. Ellis, in a postscript to his book expressed regret at the position not having been entrusted to a medical man, but it is clear from subsequent events that in the prevailing circumstances an experienced attendant was far more likely to achieve success. His devoted and indefatigable work was brought prominently to the notice of our Association in 1953 by Professor Bostock of Brisbane.

So far, most of what I have recorded has been anecdotal. Ellis's book, however, gives us a brief account of the staff's life and duties. He tells us that there were two keepers to each male ward, one of whom was a mechanic. The latter collected from his ward and others the employable patients and took them to his workshop or to other occupations; the other keeper, after routine duties, employed the remaining patients at such work as coir-picking or twine-spinning. Each female ward had two nurses, and again one took a party of patients out on the land, while the other worked and kept her patients working at sewing, mending, basket making and so forth. A set of rules is also appended, among which are included injunctions to the staff to perform their duties in a mild and humane manner and to be strictly decorous in behaviour.

It will be noticed that the words "keeper", "attendant", "nurse" and sometimes "superintendent" are used quite indifferently and interchangeably at this period, except that "nurse" is generally confined to women. Similarly in France one finds the terms "gardiens", "domestiques", "gens et filles de service" and "infirmiers" used indifferently. There are no grounds for the widespread assumption that the term "nurse" indicated a more therapeutic rôle than the others. This is neatly shown in a passage from John Conolly's "Indications of Insanity", published in 1828. "Every patient" he says, "should have a super-

intendent or keeper with him during a great part of each day, so long as there remains a hope of cure . . . every opportunity should be taken of effecting the restoration of the patient to mental health . . . to converse with, to amuse, to instruct the patients is the great business of each day."

In his later work on the "Construction and Government of Asylums" (1847), Conolly uses the terms "attendants", "nurses", and "staff", and nowhere else is there to be found such a full discussion of their work and daily life. To enable the "no-restraint" system to be carried out in its completeness, as "regulating every word, look and action of all who come in contact with the insane", Conolly insists on his personal selection of candidates. Given a fair remuneration and a prospect of comfort, he has no difficulty in recruiting from "the class of persons qualified to be upper servants". He does not expect to be allowed more than one attendant to about 15 patients, though his real wish is for one to five, as in private asylums. Their duties, he says, begin early, are incessant during the day, and end late. These duties he describes hour by hour in minute detail, without at any time allowing the reader to forget the spirit in which they are meant to be carried out. In cases of refusal of food, for instance, kind treatment, varied food and patient persuasion will overcome the difficulties, and the attendants must make themselves acquainted with all the eccentricities of particular patients. At bedtime, after a day "during which he has scarcely sat down for a quarter of an hour at a time", the attendant still has to bethink himself of the "appliances of dress and bedding" required in the night now that restraint has been abolished. A supper of bread and cheese and ale; arrowroot with a little brandy, a glass of water or a warm bath or even a little tobacco or snuff may be better than any sedative. Conolly was unable to solve the problem of night-watching, as it was called; the best that could be done was to arrange for two attendants on each side of the hospital, who had already completed a day's work, to sit up at night; he reports however that Dr. Gaskell of Lancaster is employing night-attendants with few or no day-duties, and by this means has got the better of the uncleanly habits of almost every patient.

Having covered the routine duties, Conolly has much more to say about the attendants' approach to their patients; they must always be ready to explain what is misunderstood; to remedy grievances; to comply with reasonable requests; to make known the patients' wishes to the physician; to watch for signs of recovery and give the most delicate attention at this time of great sensitiveness.

These duties, says Conolly, can only be expected from attendants of humanity and intelligence, who are treated kindly, governed justly, and properly supported by their officers. So he goes on to consider how best the staff can be given encouragement and confidence, and how good relations can best be maintained. There must not, he says, be regulations as for a prison, which can but produce in an attendant the feelings of a turnkey; cruelty must be punished by instant dismissal, but other offences must be treated with fairness and leniency; and this will be the principle observed where the physician is invested with disciplinary authority.

A word may be said here about the position of the Matron in what may be called the post-Ellis period, when the married couple arrangement was generally abandoned. Conolly's matron at Hanwell, Miss Powell, was a loyal supporter of his reforms; her successor had, significantly enough, held a similar post with W. A. F. Browne at Montrose. But in general both Conolly and subsequent medical authors in our Journal and elsewhere expressed them-

selves very critically about matrons, who were too often entrusted with, or assumed, powers for which they were in no way fitted by training or experience, and were said to use these powers to retard progress. Over the next forty years the general opinion was that a "chief nurse" promoted from the ranks was preferable to an amateur "lady matron". The rehabilitation of the matron came much later when as a professional hospital-trained nurse she was seen as an essential leader in the movement for what was called the "hospitalization of the asylums".

However admirable Conolly's methods of government may have been, it is doubtful whether in the five or six years of his régime he can have succeeded in fully achieving the reforms he had at heart. The Commissioners in 1844 found that a large proportion of the female attendants had been in the asylum for only a short time; and Conolly himself, while giving praise where he could, complained of much obstruction and resistance. There is no doubt also that his successors, both at Hanwell and in the many asylums which multiplied between 1845 and 1860, found it most difficult to recruit staff with the required mental and moral qualities. The expansion of the asylum service was too rapid, and the increased demand too great. In fifteen years the number of pauper patients in asylums and licensed houses in England and Wales rose from something under 6,500 to 17,500. Moreover the condition of England had moved on from the bleak, hungry forties to the prosperity that followed the Great Exhibition, and this same prosperity that made the new asylums possible must have had the well-known effect of diverting potential recruits to other occupations. When in 1854 the Commissioners called for reports from all the hospitals under their jurisdiction, only the smaller ones were able to describe a satisfactory state of affairs. At the Retreat "the proportion of attendants had been nearly doubled and the general standard of education and competence had been raised" so that the staff were now "better able to understand the initial indications of important states and changes". At such an entirely different establishment as Hoxton House the proprietors claimed to have obtained "persons of pleasing appearance and manner, cheerful disposition, good nature and good sense"; to have treated them with kindness and consideration, and to have been rewarded by their "willing and persevering exertions".

Year after year the Commissioners continue to press the importance of improving the nurses' and attendants' conditions of work, and their remuneration and status. From 1857 onwards they record and commend the system of separate night-nursing, although it is clear that this existed in only a rudimentary form.

Arlidge's book *On the State of Lunacy*, published in 1859, naturally includes a thorough discussion of the attendant problem. He points out that among many other handicaps "they have no preliminary instruction or training, but have to learn their duties in the exercise of them". "Many," he continues, "are their failures; yet on the whole, considering their antecedents and the nature of the duties imposed on them, their success is remarkable." Arlidge makes the constructive suggestion that the system then adopted in the large London hospitals should be extended to the asylums, whereby the office of "sister" to nurse the patients should be separated from that of "under-nurse" to whom the cleanliness of the ward is committed. He does not follow up his criticism of the lack of training and instruction.

Yet training of some kind there must have been, even if this was sporadic and unorganized. In their great report of 1858 on the Insane in Workhouses,



the Commissioners declare that “under experienced and well-trained nurses the bad habits of patients have been removed; their irritability and tendency to violence has been suppressed or modified; and the intellect has been so far guided and improved as to render the patients capable of some useful occupation, and of enjoying the comforts of life”. They appear confident that the introduction of even one or two such nurses into a workhouse would be of immense benefit to the patients who at the time had only their fellow-inmates to care for them.

Conolly must without doubt have attempted to train his staff by personal precept and practice. In Hack Tuke’s *Dictionary of Psychological Medicine* there is mentioned a work of his entitled “Teachings for Attendants”, but I have not been able to trace this. W. H. O. Sankey, a later successor of Conolly at Hanwell, mentions and quotes from a booklet of instructions which he had had prepared to supplement the statutory “Manual of Duties”. Conolly’s high ideal of “regulating every word, look and action of all who come in contact with the insane” is fully supported. Sankey relies on the tranquillizing and curative action of the sound mind on the unsound; with excited patients “any word or act calculated to leave an uncomfortable impression on the patient’s mind” is forbidden. He points out how much may be done for the so-called “lost” patients by the nurse’s attention and perseverance: “Many who from disease have forgotten all habits of order and cleanliness have been re-instructed”. When provoked “the nurse should never allow the expression of her face to show anger, and to allow this the nurse should avoid feelings of anger altogether, which she will do by repeatedly calling to mind the unfortunate affliction of the patient”.

It is therefore hardly correct to identify the beginnings of nurse training with the giving of a formal course of lectures; nevertheless it should be recorded that the first known set of lectures to mental nurses are those given by Sir Alexander Morison at the Surrey Asylum (now Springfield Hospital), in 1843–44. Morison, who had given the first lectures on insanity to students at Edinburgh twenty years earlier, was Visiting Physician to Springfield. In his Annual Reports he explains that he has especially pointed out to the attendants the means by which they can acquire the patients’ regard and confidence and can induce them to occupy themselves in useful employments and rational amusements. Morison was one of the founders of the “Society for Improving the Condition of the Insane”, and it is not surprising that several of his hospital staff obtained “premiums” offered by the Society as rewards for “meritorious conduct”. But there is no evidence that these lectures ever established themselves as a permanent feature.

An equally ephemeral but much more significant venture was that of W. A. F. Browne at the Crichton Royal in 1854. As far back as 1837 Browne in his book on *What Asylums were, are and ought to be*—already referred to in two recent Presidential Addresses—had called for some system of instruction for attendants and praised the apprenticeship scheme in force in some French asylums. In 1854 he gave a course of thirty lectures, primarily to the officers and attendants, but also to some of the patients who belonged to the medical profession. His description of the contents of the course merits careful attention. “In these lectures,” he says, “mental disease was viewed in various aspects; the relation of the insane to the community, to their friends and to their custodians were described; treatment, so far as it depends upon external impressions and the influence of sound mind, was discussed; and it was attempted to impart attraction by illustration and narrative and by



examples drawn from the actual inmates." This first experiment in a mental nursing curriculum was therefore chiefly concerned with human relations, and the methods of teaching included visual aids and clinical demonstrations. One may surmise that Browne's influence as a Commissioner may have led to the developments which were brought to the notice of the Association by Clouston in 1876. But there is no actual evidence of this; and no progress towards a system of training was made during the intervening years. The text-books of the period—Bucknill and Tuke for example, or Blandford—contain fairly long discussions of the work of attendants and nurses, the qualities required of them, and the perplexing problem of recruitment. Letters appeared in our Journal urging better pay and promotion prospects, together with an adequate pensions scheme. Maudsley, in 1871, proposed that our Association should set up a registry of "good" attendants and felt that such a step would raise the standard of attendants as a class; but he did not attempt to link this with any form of training. Perhaps no attempt of this kind could have succeeded before compulsory education, introduced in 1875, had produced its effects.\*

In 1870 also, a letter, signed "Asylum Chaplain" appeared in the *Journal of Mental Science* advocating a systematic training of attendants. The suggestion was that the Medico-Psychological Association should authorize some qualified persons to write a simple catechism embodying what was required of an efficient attendant. Novices were to be tested, and until they had passed through this ordeal they should be regarded as simply probationers. The author was probably the Rev. Henry Hawkins of Colney Hatch who later was more successful in founding the Mental After-Care Association. There was no immediate response to his suggestion.

The next landmark is the address given by Thomas Clouston, who had recently been appointed Physician-Superintendent of the Royal Edinburgh Asylum, to the Annual Meeting of the Association in 1876. This was entitled "On the Question of Getting, Training and Retaining the Services of Good Asylum Attendants". Clouston dwelt at length on the constantly shifting population of inexperienced attendants, on the need for natural aptitude and the unpredictability of success in the work. Then he outlined his methods of personal and individual training. He advocated the use of a special "hospital ward" in which all new attendants would be trained. There would be in charge of it a person of intelligence and experience who would instruct the novices in the routine ward work. One of the medical officers would spend a special time each day in showing them the peculiarities and habits of different kinds of cases, drafting in for this purpose a typical suicidal melancholic, an acutely excited case, a general paralytic and so on; the novice would be given charge of each of these in succession and be made to walk with him, work with him, and eat with him, the doctor and the chief attendant meanwhile examining the novice and teaching him every day as to things to be known and done. Moreover the novice should go with his patients to see the relatives at their visits, and find out why and how the disease arose. Lectures, once a week in the winter evenings, were to supplement this practical teaching. Clouston

\* It is remarkable that, as far as is known, Florence Nightingale took no interest in the training of mental nurses, especially as in her published works and her letters she repeatedly stressed the psychological aspects of nursing in general. She took a prominent part in breaking up the all-purpose workhouse infirmaries in London (1865-67) and she also promoted the use of trained nurses in the reformed infirmaries, but it does not seem to have occurred to her that the mentally ill and defective patients removed under the 1867 Act to the new institutions provided by the Metropolitan Asylums Board were equally in need of skilled nursing care.

added a number of suggestions for improving the conditions under which attendants worked and for raising their morale.

The discussion on this paper shows by its omissions that the time was not yet ripe, for although these latter recommendations were warmly supported, hardly a word was said on training, the main subject of the address. A small Committee was formed to report on the advisability of forming an association" or "registry" of attendants in connection with the Medico-Psychological Association, but nothing appears to have come of this.

Another six years' silence follow this debate, broken only by grumbles (in Asylum and Commissioners' annual reports) about "frequent changes in the staff", or the difficulty of keeping out "undesirable attendants" from other asylums. Then at a Quarterly Meeting of the Association at Edinburgh in 1883 Campbell Clark, of the District Asylum, Bothwell, read the paper which led directly to the developments of the next few years.

Clark "took up the subject where Clouston left off". He had been encouraged to start a course of teaching by the zeal and thirst for information he had found among some of his staff. His first course, in 1882, he felt was only a partial success—"many of the lectures had been aimed too high". His second course was simpler and more practical, and he felt that he "had hit the right nail on the head". Concurrently he gave ward teaching, and at the end of the course prizes were offered for essays on a subject such as "hallucinations", on which Clouston was asked to adjudicate. And further, he tells us that "informal club meetings were held among the attendants themselves, at which the lectures and their application to particular patients were discussed, and thus a kind of mental improvement society was established".

Having described his methods, Clark went on to ask the Association to "promulgate what has been done and to encourage renewed effort in this direction". He proposed that there should be a tentative arrangement by which superintendents willing to participate would enter into a combination, would teach and issue certificates, and that these certificates should be registered by the Association.

In the discussion which followed, Clouston said that he had previously circularized the Scottish Royal Asylums on similar lines, but with no result; Campbell Clark was the first to have a practical scheme. W. Ireland and A. R. Urquhart approved, and Urquhart proposed that a manual should be prepared, to take the place of the books of rules which he had always felt to be unsatisfactory.

The meeting resolved "that a committee of the medical officers of the asylums of Scotland be appointed for the purpose of considering the question of (1) the special training and instruction of asylum attendants and the best modes of doing so and (2) the preparation of a manual of instructions for nursing and attendance on the insane". A Committee was then nominated consisting of "all the gentlemen present", numbering about a dozen.

By 1885 the Handbook, bound as it has always been since in red, had been printed, and it was "laid on the table" at a Quarterly Meeting held at Bethlem in May 1885. There is much information and wisdom packed into its 64 pages, and it could still serve as a "first steps" book to be put into the hands of student nurses during their introductory course. Our Journal's review was on the whole favourable, but expressed some misgivings as to whether too much physiology was being taught.

We are apt nowadays to think of the "Handbook" and the "Certificate" as belonging together, but in fact over five years elapsed after the publication

of the book before the next step was taken. During this time references to teaching and lectures become more common in our Journal. In 1886 Shuttleworth at the Royal Albert Institution reports that he is training his staff for the St. John Ambulance certificate, and this practice became quite common in mental hospitals during the next thirty years. By 1888 classes are being held at Haywards Heath, Dundee, York and Morpeth, and Manning from Australia reports progress and even sends his nurses for a period of instruction in a general hospital. In 1889 Campbell Clark sums up his experience of the last seven years; he is now holding a full course of lectures and examinations; the nurses each have patients allotted to them, and they must make their observations and embody them in written reports. "By such means," he concludes, "the faculty of observation is educated, the patients are individually focused and are better cared for and better understood."

The stage is now set for the final debate at the 1889 Annual Meeting of the Association, when on the motion of E. B. Whitcombe, of the City Asylum (now All Saints Hospital), Birmingham, a committee was appointed "to consider a report on the systematic training of nurses and attendants, the granting of certificates of proficiency and the keeping of a register". The Committee reported in the following year. They pointed out that any examination could only test the element of "proficiency" and not the other two essential attributes of the nurse, namely morality and suitability—the latter including the "in describable element of compatibility with insane people". As to these latter attributes, the Association should call for evidence of them at the time of the examination. The Committee also held that an attendant who was found not to have the capacity for undergoing training was not necessarily unfit to be employed, though he might be unfit for promotion. As to the training course itself, it was to extend over two years and was to include "exercises" under head and ward attendants, and clinical instruction in the wards by the medical staff, as well as lectures, of which only twelve were compulsory. Papers were to be set centrally, but their marking and the conduct of the practical examination were left to the medical superintendent and an assessor from another hospital.

The scheme was adopted at the Annual Meeting in 1890, and the first examinations were held in the following year. As might be expected the first successful candidates were from Scottish Asylums, and All Saints Hospital was the first to pass an English candidate.

The Committee's proposals appeared just in time to be included in Hack Tuke's *Dictionary of Psychological Medicine*, then in course of preparation, and are recorded under the rather curious heading of "Insane, Attendants on". But Hack Tuke also invited Edward Cowles of the McLean Asylum in America to contribute a separate article on "Nursing, or Training Schools for Nurses". Cowles had founded his training school in 1882, the same year as Campbell Clark's first lectures. His outlook was very different from that current in Britain, and was in fact derived from that of the leading general hospitals in both countries. The nurse in training was regarded as a pupil, and so her wages were nominal, yet it was these pupils who were expected to do the greater part of the work. The incentive was the training itself, leading to lucrative higher positions in the hospital, and still more in private nursing. The products of the asylum schools were "pressed upon the public". In the school itself, much more reliance was placed on the tutorship of the trained nurses who held the key positions—"an adequate teaching staff of trained women". Cowles adds that "the duty of the asylums to promote the public

good demands their best efforts to diffuse a general knowledge of the mental aspects of illness, of mental hygiene and the proper early care of the insane”.

It does not appear that Cowles' principles had any great influence in Britain, and our asylums continued to proceed on the lines of providing what was really an in-service training rather than a pupillage leading to placings outside the hospital. Nevertheless the certificate did come to be used by a good many successful candidates as a passport to private nursing so long as social conditions created a demand, and the reformed poor-law infirmaries also absorbed some of the products of our examinations.

In 1899 Dr. Beveridge Spence, of Burntwood, who was the first Registrar of the Association, reviewed what had been achieved in his Presidential Address. Over 100 asylums were participating and between five and six hundred certificates were granted every year. In the light of experience, modifications had been introduced; there was now independent marking of the written answers, and the external examiner took a larger part in the oral examinations. Certain certificated nurses from general hospitals were allowed to qualify in one year. He now had a real feeling of confidence and security and was assured that patients were receiving all the care and skill that a trained nurse could give.

In 1893 the second edition of the “Handbook”, now taken over officially by the Association, appeared; by 1908 the book was in its fifth edition and had grown to over 370 pages. And here we have the beginnings of the deviation or heresy which led to the mental nursing qualification being so largely divorced from the nurse's real work. The book, and also the published syllabus, were now arranged on speciously logical lines, beginning with the supposed basic sciences of anatomy and physiology and only reaching any consideration of the care of mental patients after almost every other subject had been exhausted. Already in 1898 some of our members had pointed out that there was an excessive elaboration of theoretical studies, while practical work in the wards was inadequately dealt with; nevertheless this tendency grew unchecked. Under revised regulations which came into force in 1908 the curriculum was extended to three years, and a First Examination was instituted, to be taken at the end of the first year; as we all know, this dealt entirely with anatomy, physiology and first aid. Later, for a time, a second intermediate examination was held, concerned with bodily diseases, and the little psychiatry and actual mental nursing included were relegated to the third year.

The reasons for this unsound arrangement derived of course from imitation of the curriculum which had come into vogue in the general hospitals, and which in turn was framed on a mistaken analogy with the medical student's course. The great teaching hospitals and their nurse-training schools had by now acquired an unparalleled prestige, and other bodies willingly conformed. The wider influence of the same trend of opinion was seen in the movement for the “hospitalization of the asylums” to which we must now turn.

Very diffidently I must refer to the practice and opinions of Scottish psychiatrists, and having already stressed the contributions of Browne, Clouston and Clark I must now bring forward the great names of David Yellowlees and George Robertson. Dr. MacNiven, I am sure, could have dealt far more competently with this part of the subject from his personal knowledge; I can only base my surmises and conclusions on their writings, mainly in the pages of our own Journal.

It will be remembered that Clouston's methods of nurse training were, at any rate at first, essentially practical and as we now say “patient-centred”.



He believed in the separate and distinctive "hospital ward", and it was through his influence and that of his English pupil, Hayes Newington, that the detached hospital unit, either for the sick or for short-term admissions, became a common feature of asylums.

But—I am following now George Robertson's account of events—this enthusiasm for "hospital" features went further, and the approximation of the methods of the asylum to those of the general hospital was regarded as an aim in itself. Every feature peculiar to the asylum was regarded as suspect and some hospital method was substituted. I need hardly remind you that half a century later a World Health Organization Report was proclaiming a complete reversal of this doctrine.

General hospital-trained nurses were brought in as matrons of asylums, or, in order to give them at least some experience of the care of mental patients, they were first appointed as assistant matrons with a view to promotion at an early date. In a number of Scottish asylums the matron was given control of both the male and female sides of the hospital. Undoubtedly these measures must have contributed greatly to raising the standard of bedside nursing; yet they could not fail also to depress the status of the mental nurse and to confirm and strengthen the bias away from the principles of moral treatment. David Yellowlees alone appears to have held out against this trend. In a letter to our Journal in 1901 he uttered his protest. "An asylum-trained nurse," he wrote, "must learn to do much more—in addition to the hospital nurse's duties she has to deal with all the patient's vagaries of talk and conduct, to calm the restless, to guide the perverse, to rouse the apathetic, to comfort the desponding . . . she must be constantly alert and observant, act on her own judgment and responsibility . . . surely no one can question which of these has the highest duty?" As I understand it, the matrons and assistant matrons recruited in small numbers at Edinburgh and elsewhere were women of superior intelligence and education, and it seems to have been forgotten that it was this rather than the mere possession of a certificate of general training that was the reason for their success.

Another aspect of the "hospitalization" movement was the spread of the nursing of male patients by women nurses. Historically, the use of women nurses in this way was in its origins a method of moral treatment; for, like a number of other original and unconventional measures, it was first practised in the 1840s by the Founder of our Association, Samuel Hitch of Gloucester, and the married couple whom he employed were in charge of the refractory, not the infirmary ward. Maudsley in 1868 pointed out that a deluded and hostile patient would yield to a woman's persuasion more readily and with less feeling of humiliation, and in the same year Crichton-Browne at Wakefield successfully introduced a woman nurse as an auxiliary into a ward of seventy epileptic and suicidal patients. After various other experiments, George Robertson, by his writings and practice at Perth, Stirling and Edinburgh, did much to secure a general acceptance of the principle; combining it as he did with the introduction of the general hospital-trained nurse he was able to show impressive results in the improved habits and behaviour of turbulent patients as well of course as better nursing in the sick wards. The shortage of male staff during the First World War led to a still wider spread of female nursing, and by the year 1925 there were few hospitals where at least one or two male infirmary wards were not staffed by women. The policy was later violently attacked by the Asylum Workers' Union as a cunning conspiracy to secure cheap labour; it is evident that this was not the motive that inspired Hitch or



Crichton-Browne or George Robertson, or that impelled the Boards of Control to give their support. This must be recorded as a historical fact; but the controversy has ceased to be more than academic since the severe shortage of women nurses, together with better facilities for the training of male staff, has led to female nursing surviving on a much reduced scale.

At the Retreat, from about 1900 onwards, Bedford Pierce set an example of mental nurse training on wise and progressive lines. The hospital's duty to provide training was affirmed and in return probationers entered into a four-year contract. The status of the charge nurses, here called ward sisters, was raised, and ward instruction was given by them and by the matron. Pierce stressed the need for the training of the nurse's personal habits and powers, her social gifts and accomplishments, as well as proficiency in certain physical methods of treatment—for such methods existed and were much valued even in 1903. He looked forward to better co-operation between the hospitals for the sick and for the insane, but this should be on terms of equality—"neither branch of the nursing profession must assume proficiency without justification". The collected "Addresses to Mental Nurses" delivered annually at the Retreat by distinguished guest speakers over a number of years and edited by Bedford Pierce in 1921 record the principles and ideals which they sought to instil. In the same year he was appointed one of the first psychiatric members of the newly created General Nursing Council for England and Wales and Chairman of its Mental Nursing Committee. Here there comes into the picture the movement for the State Registration of Nurses, and we must retrace our steps and see how mental nurses came to be involved and how their place was eventually secured.

The movement was originated by Mrs. Bedford Fenwick in 1889, and its first instrument was the Royal British Nurses' Association; but for many years the issue was bedevilled by dissensions and splits, and the whole principle of registration was in any case violently opposed, chiefly by certain of the London teaching hospitals. The Royal British Nurses Association was for long governed by a mixed Council of doctors and nurses, and this included several members of our own Association, notably Sir James Crichton-Browne, Dr. Outterson Wood and Professor Ernest White. In 1897 Wood brought the position to the notice of the Association. He had proposed that nurses holding the M.P.A.'s certificate should be recognized as eligible to become members of the R.B.N.A. on certain conditions and as a distinct class. In spite of much opposition and a great display of prejudice against the asylum-trained nurse in the columns of one of the nursing journals, the proposal was accepted by the Council of the R.B.N.A. and an alliance was suggested between the two Associations, the M.P.A. conducting the examinations and the R.B.N.A. registering the successful candidates on its voluntary register after enquiring into their character and antecedents. Nothing seems to have come of these negotiations.

In 1904 rival bills for the State Registration of Nurses came before Parliament and were both rejected. Instead, a Select Committee was appointed to consider the question and make recommendations. One of the Bills provided for a single psychiatric representative on a General Nursing Council of 31, who might be either a doctor or a nurse, and who would be appointed by the Asylum Workers Association—a body I shall refer to a little later. Outterson Wood devoted a large part of his Presidential Address of 1905 to the subject, and to strengthen the mental nurses' case the training period was lengthened to three years; it was also at about this time that the term "male nurse" came into general use in place of "attendant".

At the Select Committee, Ernest White gave evidence of the nature and scope of the Association's examinations, and the Committee (which included among its members Sir John Batty Tuke, the former medical superintendent of the Fife and Kinross asylum and pioneer of the open-door system) recommended that State Registration should be instituted and that the Association's examinations should be recognized as qualifying for Registration.

However, as we all know, State Registration had to wait another fourteen years before it became law. Bill after bill was promoted and failed to secure a passage, and some of these bills altogether ignored the claims of the mental nurse. Throughout these years our Association continued to press these claims, by organized petitions or by assiduous lobbying. In 1916, on the formation of the College of Nursing, the Association urged upon that body the need for including on its Council "some persons conversant with asylum training", but the College declined to co-operate in this way.

When at last the Nurses' Registration Act was passed in 1919, provision was made for the inclusion of "nurses trained in the nursing and care of persons suffering from mental diseases" in a Supplementary Part of the Register. For the first English General Nursing Council, the Minister of Health was to make five appointments representative among other things of "special nursing services and medical practice", and sixteen appointments of nurses after consultation with "associations or organized bodies of nurses".

An "organized body" that could and did claim the right to be consulted in respect of mental nurses had in fact existed for the previous nine years, although its membership was not confined to the nursing members of asylum—shortly to be renamed mental hospital—staffs. Again, and for the last time, I must go back to the eighteen-nineties and nineteen hundreds and try to record, within the fast dwindling limits of this Address, some of the events arising from problems other than the educational ones with which I have so far dealt.

Charles Mercier, in his book on the *Organization and Management of Asylums*, published in 1894, discusses these problems at great length. After mentioning approvingly the recently-created M.P.A. Certificate he turns to the nurses' conditions of service and draws attention to the continued failure of asylums to retain a large proportion of their staff. He points out that this supposed restlessness is a natural consequence of poor conditions, and lists bad food, broken sleep from the presence close by of noisy patients, and the irksomeness of the many regulations. He gives many examples of ways in which these could be made more elastic, more consideration could be shown in such matters as the weekly or annual leave, and social life could be encouraged. It is necessary to ensure that on entering the service the attendant or nurse should see a career before him, and so a hierarchical arrangement of posts should be provided; evidently such a system was an innovation at the time. Discipline must not appear to be capricious, and the reasons must seem manifestly adequate to the general body of staff. Mercier's caustic pen did not fail to bring home to medical superintendents and matrons alike their responsibility for avoidable discontents. At this time the working day for nurses commonly began at 6 a.m. and ended at 8 p.m. with an extension to 10 p.m. once a week, making an average of 89 hours a week, and although W. F. Menzies and other writers advocated a reduction to 72 hours, mainly by introducing breaks during the day, little improvement was effected for many years. Robert Armstrong-Jones, in his *Text Book of Mental and Sick Nursing* of 1909, still records these same hours, and moreover gives a depressingly monotonous account of the nurse's routine duties.

In 1895, some members of our Association founded a voluntary organization—named “The Asylum Workers Association”—intended to cater for the needs of nurses and attendants. It met for a time with a good deal of success, and in 1905 it numbered between 3,000 and 4,000 members. But its constitution and government were entirely paternal; the secretary was for long Dr. Shuttleworth, of the Royal Albert Institution, and the annual Meetings, regularly reported in our Journal, consisted largely of uplifting speeches by distinguished Honorary Vice-Presidents; no mental nurse seems ever to have spoken and it is doubtful if any attended. Nevertheless the Asylum Workers Association was certainly moved by a genuine desire to “improve the professional status of the mental nurse”. It took part in urging the mental nurse’s claims to a place in any State Registration scheme, and more especially it actively promoted the plan for a national system of pensions for nursing and other staff, which was embodied in the Asylums Officers’ Superannuation Act of 1909.

Somewhat unexpectedly, it was the passage of this Act, admittedly “a boon to many and a generally acceptable measure”, which brought to a head the grievances felt by many of the staffs, and led in 1910 to the formation of the National Asylum Workers’ Union. As the original manifesto of the Union explained, the Act had many imperfections. In particular, exception was taken to the compulsory deductions from wages already too small; but of course there were deeper grievances. The manifesto contains some notable passages—“Our minds are not improved, because the conditions of our labour are such that they shut us off from the wider range of Humanity and of books . . . apart from any true education we cannot attain to any real moral greatness.”

The attitude of most members of our Association to this new development was at first entirely unfavourable. No doubt much of this opposition was merely part of the political creed prevalent at the time; but I believe that there were more cogent reasons also, and perhaps the most important was the apparent absence on the Union’s part of any kind of professional outlook. During its first years, in fact, the pages of the Union’s magazine contain no references to the training or professional status of the mental nurse, although these were the very years when attention in the nursing world was most constantly focused on these matters. It was not till 1919, when the Nurses’ Registration Bill was being passed, that the Union first included in its programme a demand for better training facilities in all asylums, and in the same year it successfully claimed the right to be consulted by the Minister and to put forward candidates for seats on the General Nursing Councils.\*

Thus, when the General Nursing Council for England and Wales first met in May, 1920, it had among its members one mental hospital physician, Bedford Pierce, appointed by the Minister on the recommendation of the Medico-Psychological Association, and one mental nurse, Mr. Christian of Banstead, appointed on the nomination of the Union. A Standing Committee which included these two members was appointed to consider the position of holders of the M.P.A. certificate, and it was resolved to accept this, during the period of grace, as evidence of training; the recently-established certificate for nursing in mental deficiency was also accepted. In 1922 it was agreed that holders of the Association’s certificate should be eligible for a shortened period of training in general hospitals. For a time it was thought that the Council might take over the final examination in mental nursing only, leaving the M.P.A. to continue

\* In later years, of course, the Union (now merged in the Confederation of Health Service Employees), became much more aware of its educational responsibilities.

the intermediate examinations, but in 1923 the Council definitely decided to insist on a common preliminary examination for all nurses. In the same year a joint conference was held between the Council, the Association and the Board of Control. It was there stated on behalf of the Council that it was realized that mental nurses would for a considerable time to come prefer not to register, and therefore the examination and certificate of the Association would be necessary as before. The Council welcomed the assistance of the M.P.A. and invited the Association to nominate examiners and to appoint an advisory committee to the Council.

However, during subsequent years this committee ceased to be consulted, and if the ever-militant Mrs. Bedford Fenwick, writing in her *British Journal of Nursing*, is to be believed, the Council's own Mental Nurses' Committee itself rarely met. So an estrangement between Council and Association began, which I suppose it would be right to say lasted for some twenty years.

These events are so much within the memory of many of us that it is not necessary to continue the story. Looking back, it seems to me that much of what we did in a fruitless effort to defeat the General Nursing Council's policy was misguided and a little childish. On the other hand I think we did well to maintain our own examination in being until after the last war, for in this way we eventually secured entry to the Register for a large number of nurses who would otherwise have remained unrecognized. And some of us who were last ditchers in this matter clung to our own system, not because it was the best, but because it seemed to offer a better chance of reform—of overcoming the heresy I mentioned earlier, and getting back to the principle that mental nurses should be taught mental nursing. It seemed to us that the flexibility and informality of our Association's procedure might prove more favourable to such a change than what appeared to be the rigid structure and policies of the Council. In this we turned out to be quite mistaken, for during my seven years' service on the Council it has been a pleasure to feel the presence of a spirit of adaptability and adventure. The suggestion that the time was ripe for reform was readily accepted in 1957 by both Association and Council and the reform is in process of being carried through. Whether it will succeed in its aim of restoring to the mental nurse the confidence which comes from the mastery of one's trade is a matter for the future, and can have no place in this Address. It may be significant, however, that at the very time when the mental nurse is being provided with a distinctive and appropriate training she—and he—is at last about to be accepted for membership of the Royal College of Nursing.

I am very conscious of the imperfections of this sketch of the History of Mental Nursing, which I can only hope will be forgiven. But at least my choice of the subject gives me an opportunity to pay a tribute to our sister profession—a profession which has had to contend with many handicaps and many frustrations, but whose splendours far outshine its shortcomings. Sometimes we are able to think of its members as our sweethearts or wives; all too rarely they are our sons or daughters; but always they are our friends and allies, and to quote once more the words of John Conolly “they are the instruments through which every great and good purpose is brought into hourly practice”.