

**HANDBOOK FOR
ATTENDANTS
ON THE INSANE**

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Handbook for attendants on the insane by Lyttleton S. Forbes Winslow

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LYTTLETON S. FORBES WINSLOW

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ON THE INSANE**

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PREFACE.



THIS little book is intended for the Attendants engaged in the Management of the Insane in Great Britain. The Author trusts that it may materially assist them in their endeavours to further the kind and humane treatment of those suffering from mental disease.

L. S. FORBES WINSLOW.

23 CAVENDISH SQUARE:
November 1876.

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HANDBOOK

FOR

ATTENDANTS ON THE INSANE.

AN attendant, as defined by the Lunacy Act, 16 & 17 Vic. c. 96, s. 36, 'Shall mean any person, whether male or female, who shall be employed, either wholly or partially, in the personal care, control, or management of any lunatic in any registered hospital or licensed house, or of any single patient.'

Definition of an attendant

The following valuable remarks relating to the duties of attendants, from the ninth Report of the Commissioners in Lunacy, should be read by all those who undertake this responsible post:—

'We avail ourselves of this occasion to notice a subject of essential importance in connexion with the management of asylums, and the treatment of their inmates. The skill and judgment of a superintendent or proprietor are of little avail, unless he be zealously supported, and his orders effectually carried out by an adequate staff of well-qualified attendants. To them in great measure must, of necessity, be entrusted the personal charge of the patients; and more especially is this the case in public institutions and the larger private establish-

Duties of attendants.

ments. Attendants should combine, in their character and disposition, firmness and gentleness; and they should be able, by their education and habits, to superintend, direct, and promote the employment and recreation of the patients. We have satisfaction in stating that, in these respects, a marked improvement has of late years taken place. Much, however, remains to be effected, and great and increasing difficulty exists in procuring good attendants. In order to secure the services of persons in whom confidence can be placed, it is essential that they be adequately and liberally remunerated, and that their comforts be duly attended to. Their wages should advance with length of service, and all means should be adopted to encourage good conduct. We do all in our power to suggest and enforce these views, the importance of which is now generally felt. Amongst other arrangements, we have recommended the appointment in asylums of head attendants, of a superior class, whose duties shall not be confined to particular wards, but who shall, under the superintendents, be responsible for the order and good conduct of the ward attendants. This arrangement, where adopted, has been found to work satisfactorily, both as a stimulus to exertion and a check against neglect and abuses; and superintendents are thereby enabled to devote themselves the more to their proper duties, as charged with the medical and moral treatment of the patients.

'A well-educated lady has also been found most useful as a companion to female patients of the upper classes.'

The names of all attendants are registered in a record kept by the Commissioners in Lunacy, 19 Whitehall Place, S.W. This regulation has been in force about five years. The medical superintendent or proprietor of the asylum is required to send to the office the following notices of the engagement and discharge of an attendant within three days of such engagement or discharge.

Record of
attendants.

I hereby give you Notice that
 aged _____ was engaged by me as attendant
 on the _____ at the rate of _____ and
 that his previous occupation was that of _____

Notice of the
 engagement
 of an
 attendant.

Signed

To the Secretary of the Commissioners in Lunacy.

I hereby give you Notice that
 an attendant, who was engaged on the _____
 was discharged on the _____
 in consequence of _____

Notice of the
 discharge
 of an
 attendant.

Signed

To the Secretary of the Commissioners in Lunacy.

The Commissioners place on their record the names of all attendants, and particulars relating to them which is at all times accessible to the proprietors of licensed houses. This is a very good provision, as it enables them, previous to engaging an attendant, to refer to the cause of their leaving their last employment, and it prevents their receiving into asylums drunkards and attendants who have been discharged for any misdemeanour; at the same time, the attendants being conscious of this, will consequently avoid being discharged for any offence likely to prevent their re-engagement at another institution. The wages of an attendant in a first-class private asylum may be stated to commence at the rate of £30 per annum, increasing £5 per annum every year up to £50, with certain allowances when out on call, i.e. engaged in attendance upon a private case, not residing in the asylum. The duties of an attendant being arduous and responsible, they should be properly remunerated.

1st. *Ill-treatment of Patients.*—Any attendant who in any way abuses, ill-treats, or wilfully neglects a patient, is liable to a fine of £20, or may be indicted for misdemeanour.

2nd. *Aiding or Abetting in the Escape of Patients from Asylums.*—Any attendant who through wilful neglect permits a patient to escape from an asylum, or abets or connives at the escape of a patient, for any such offence, shall incur a penalty of £20.

No mechanical restraint of any kind is allowed to be used without the permission of the medical superintendent, and in this case the duration of such restraint must be given to the medical superintendent for him to enter in the Medical Journal and Case Book.

Mechanical
restraint.

The chief varieties of restraint used at the present day in England are sleeves, or, in other words, straight waistcoats, consisting of a canvas jacket lacing up at the back, with long sleeves extending about a foot below the hand, at the end of which are fastened tapes, by means of which the sleeves can be tied in front or behind, according as considered most advisable. There is not the least pressure by using this, and the patient can be effectually and harmlessly restrained. It is far better in cases of excessive violence to resort to the above means of restraint rather than allow the patient to struggle violently, held down by three or four men, as is frequently the case when restraint is not resorted to, and I am confident it is by far the most merciful means of treatment, and if more adopted at the present day, we should not read of cases of fractured ribs in asylums, as we now constantly do. The other means of restraint are gloves, by which the patient is prevented injuring himself or others, and sheets fastened round to restrain him in bed; but the most advisable method is by 'sleeves,' and, as I have previously stated, it must not be resorted to without directions from the medical superintendent.

Seclusion consists in placing a patient in a room by himself and locking the door. The Commissioners say as follows in their Report for 1873:—'Without questioning the utility of seclusion in certain cases of excitement, especially

Seclusion as
a means of
treatment.