General Hospital Care for Nervous Patients

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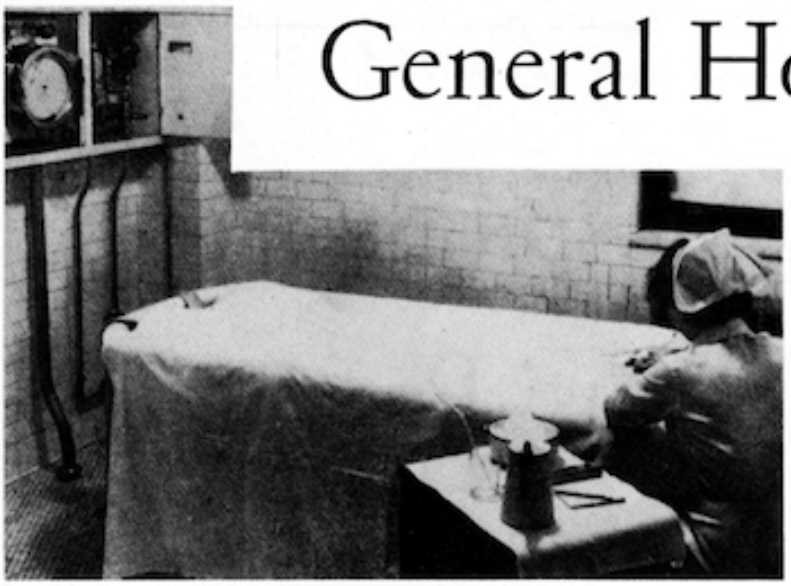


If after observation and work-up the neuropsychiatrist believes that the patient may improve he is given the special treatments indicated for his case, regardless of his ability to pay for them.

GENERAL hospitals today are confronted with the problem of taking care of patients afflicted with nervous troubles. In many cases it is far better for the nervous patient to receive assistance and care in a general hospital than in a mental institution.

There are conflicting opinions among the staffs and boards of general hospitals as to the advisability of having a neuropsychiatric service. This was true at Elizabeth General Hospital and Dispensary, Elizabeth, N. J. Eventually this prejudice was overcome and about five years ago, through the cooperation of the board of managers and the medical staff, provision was made to take care of the nervous patients by creating a department of neuropsychiatry for bed patients. An out-patient neuropsychiatric department has been in existence for twenty-two years.

In order to bring the segregation about, it was pointed out to the board of managers and the medical board that, whether we had an independent psychiatric service or a section set aside for him, the nervous patient was being admitted to the wards and private sections of the hospital, and when such a thing occurred it often caused a great deal of disturbance to the other patients. The nervous patient was not being helped properly because the facilities in the wards and private sections were not adequate for his care.

On the other hand, if we should refuse to admit the nervous patient to the hospital and thereby place the responsibility upon the family or city authorities, would we be rendering the service to the community that we should? To take such a course would be to shirk our responsibility not only to the community but to the patient as well. By establishing a department or neuropsychiatric service the disturbed patients who were scattered through the hospital in various departments could be centralized and given better protection; the disturbing of other patients would be reduced to a minimum.

It was decided in 1933 to set up a separate wing consisting of 12 beds to care for the nervous patients as in-patients. The 12 beds are in six rooms, any of which may be converted into a private room. Special hardware on the doors makes it possible for anyone to enter, yet no one may leave until the nurse in charge has released the lock. Kick plates, which are arranged along the base of the corridor wall, may be used to summon assistance from the main section of the hospital, if needed. All windows are protected with heavy screens, while one room is provided with screens on both sides of the windows. Eventually it is our intention to install shatterproof glass for further protection to the patients.

The staff consists of a neuropsychiatrist, two assistants, an intern assigned to the service as part of his rotating internship, a supervising nurse, floor nurses and an orderly who is on duty at all times. We are extremely fortunate in our personnel, particularly in having a neuropsychiatrist who is generous with his time and attention to this department; the same may be said of his two assistants.

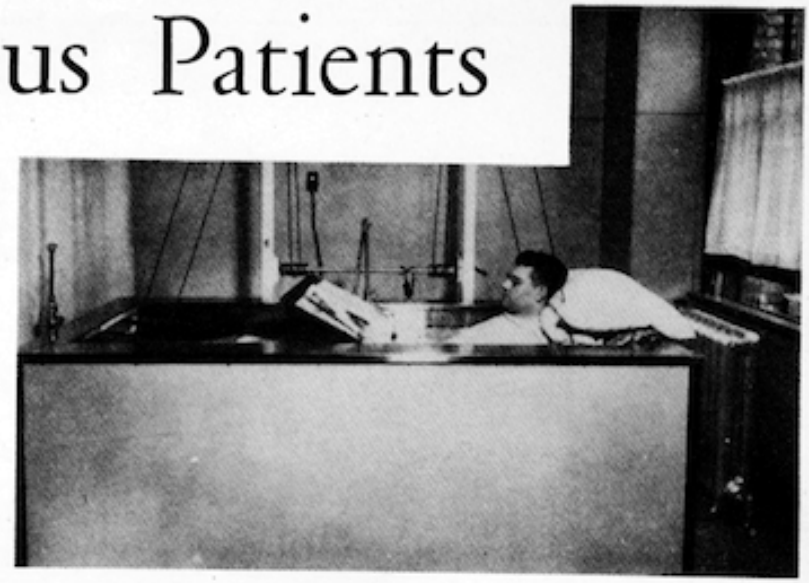
When the department was first organized, the nervous patients were moved from other services where they were already hospitalized. It was not long, however, before the admissions were being made directly to the neuropsychiatric service.

Straight neurologic cases are admitted to the medical or surgical wards, or, in the case of private patients, to the private floor. Psychiatric cases are admitted to the psychiatric service.

This department may take care of the private or semiprivate cases or general service; the classification is based on the ability of the patient to pay. In the beginning the department drew a great many charity patients but as time went on and the public realized just what it meant to have such facilities, we found that the number of private and semiprivate patients was increasing rapidly.

Regardless of the financial status of the patient, if after a period of observation and work-up, the attending neuropsychiatrist feels that the patient may improve, he is kept until such time as he may be discharged; or if the doctor feels that it is necessary to commit the patient to a mental institution where he can receive the care and benefit from special facilities for prolonged treatment, he is transferred there. However, many cases have cleared up in the hospital that ordinarily would have required commitment to a mental institution.

for Nervous Patients



Patients feel better about being treated for a "nervous breakdown" in a hospital than in a mental institution. Only 12 per cent of Elizabeth cases require a transfer to mental hospitals.

Our hospital is a privately endowed institution with a registered bed capacity of 226. While we realize that setting aside the 12 beds that are devoted to the psychiatric patient gives us limited service and facilities yet the numbers and types of psychiatric patients hospitalized are surprising. Since the year of the department's inception it has shown a steady growth.

Of the 215 patients admitted to the neuropsychiatric service in 1935, 122 were psychiatric; of the 247 admitted in 1936, 187 were psychiatric, and of the 257 admitted in 1937, 172 were psychiatric.

During 1937 the distribution of the cases was as follows:

Psychiatric	172
Neurologic	51
Endocrinologic	4
Poisonings	8
Drug addiction	1
Undiagnosed	2
Unclassified	19
Total	257

Of the 257 cases, it was necessary to transfer to mental hospitals approximately 12 per cent. Space does not permit the publication of the classification of the various types of neuropsychiatric cases hospitalized but all of the psychoneuroses and functional and organic psychoses are represented.

Of what benefit is such a service to the community? The Elizabeth General Hospital and Dispensary serves a population of 210,000 and an area of approximately 46 square miles. This includes the cities of Elizabeth, Hillside, Roselle, Roselle Park, Linden, Garwood, Cranford and Union, all situated in Union County. While there are other hospitals in these communities, our institution is the only one with a psychiatric service and many times we are requested to take patients from the other hospitals.

Patients and relatives are grateful for this service and treatment. Somehow, a patient feels better about the "nervous breakdown" followed by treatment and improvement or recovery in a general hospital than about a condition for which he was committed to a mental institution.

In many instances, by having the department, the family is not burdened with the expense of special duty nurses because the floor nurses have received this type of training.

The officials of our community are appreciative of this service for, before the opening of the department, there was no place for the mentally deranged person to be handled prior to his commitments other than possibly a police cell or home care (with all the attendant anxiety and fear on the part of the family) until commitment papers could be signed.

Judging from our observations and the grateful reactions of patients, relatives and the public, the service has proved to be very beneficial to them. In addition, we feel that the department presents an unusual advantage to the intern by giving him the opportunity to study psychiatric cases. When he enters private practice he will know the technic of a complete neurologic examination and psychiatric work-up.

Excellent training is provided for the student nurse who, in addition to her lectures in the classroom, spends six weeks in the neuropsychiatric clinic and six weeks on the ward where she receives training in the care and handling of the patients. She is taught the use of hydrotherapy, shock therapy and psychotherapy. The service also provides ample clinical material (in addition to the ambulatory neuropsychiatric clinic patient) to round out the lecture course in neuropsychiatry.

Segregation of the nervous patient minimizes or reduces the disturbing of other patients in the hospital. This alone is a distinct advantage to the institution and aids it to function in an orderly manner.

Other administrative advantages accrue from this arrangement. Since the inception of the department, the staff doctors each year are calling for more consultations in all departments of the hospital. The family physician can have his patient studied at the hospital rather than at home, where frequently it is difficult to cope with the situation. The county is saved expense by avoiding the necessity of committing most of these nervous patients to mental institutions.

We feel genuinely proud to have foreseen the demand for facilities in general hospitals for the care of the psychiatric patient by five years and to have been among the pioneers.