senses, *e.g.*, the rats and mice seen by patients suffering from delirium tremens, or the voices heard by the insane at night.

Common hallucinations of the insane were to think that everything smelt of turpentine, that insects were crawling over them, that their food tasted of poison. It would be seen, therefore, that the senses of hearing, sight, touch, taste and smell were all affected by hallucinations.

The *melancholic* patient was in a state of mental depression. He was restless, agitated, distressed, his special senses were dulled, he often refused food, and became much emaciated.

In *dementia*, the mind had been normally developed, but lost, the memory was feeble or gone, the patient was dull and stupid, he dribbled from the mouth, was dirty in his habits, and required the same care as a child.

The mental state might be judged by the appearance and shape of the head, the expression of the face, the conversation, whether it was coherent or no, the state of the memory, the conduct and manner, whether these were excitable or depressed. In short, the condition of the patient might be estimated by comparing it with that of his fellow men in a state of health.

In the *dipsomaniac* the will power had been lost by excessive indulgence in drink. In the victim of the morphia habit, the moral sense was undermined The *premonita* of mental disease were : *moral*, changes of feeling, temper, habits, and moral nature ; *mental*, increased or diminished mental activity ; and *physical*, nerve tremors, altered reflexes, and local paralysis.

In the mental side of nursing the personal influence of the nurse was a poweful agent for good or evil, She should be young, of good physique, fair stature, intelligent, kind, firm, with complete control of her temper, and she must never forget the irresponsible condition of her patients. She should make every effort to lead the current of the thoughts of her patients into a healthy grove. Intelligence on the part of the nurse was specially necessary, because all that was known of the symptoms of the patients must be observed by her—the symptoms were *objective*, not *subjective*. She must be on the watch for all injuries, swellings, eruptions of the skin, bed-sores. The application used in the City of London Asylum when there was any tendency to bed-sores was one of

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and there had been no bed-sore in the Asylum for five years.

The environment of the patient was of importance. and there was now a general consensus of opinion that any forcible restraint, either mechanical (as bodily force) or chemical (as sedative drugs), was most detrimental to the patient's chances of recovery. The moral treatment of mental cases was quite as important as the medicinal. The care of would-be suicides or homicides required skill, and an untrained nurse was often thrown off her guard by the apparent fear of the patient of injury at the hands of others. Quiet patients who said little, and thought much, required very careful watching. A parchment with instructions to the nurse was always kept in homicidal and suicidal cases, and each person attending the patient signed this, and notified upon it any method of suicide attempted. This was of importance, as in repeating the attempt the patient usually resorted to the same method.

The insane were very insensitive to heat and cold. It was important to remember this, as an insane patient might step into an over-heated bath, and sustain a severe scald, and yet give no evidence of pain.

Much tact and patience were necessary in feeding insane patients. After forcible feeding had been resorted to, it was well to get the patient to walk up and down the room, and so divert his mind, as patients were apt to acquire a habit of regurgitating food.

It was characteristic of hystero-epileptics that they were uncertain and untrustworthy, possessed apparently of much religious fervour, coupled with mendacity.

DISCUSSION.

At the conclusion of the lecture Mrs. Dacre Craven inquired whether in Asylums the Medical Officer or the nurse passed the catheter when this was requisite.

The lecturer stated that this was done by the Medical Officer.

Miss Margaret Breay inquired if nurses who could not perform this necessary duty would be eligible for registration.

The lecturer was of opinion that they certainly would be so as mental nurses.

Miss Breay explained that her inquiry was as to whether they would be eligible for admission to the Register of *Trained Nurses*.

The lecturer could give no opinion, and the chairman thought that the meeting was getting on to controversial ground.

Miss Breay said she should not have started the subject if it had not been brought up by Mrs. Dacre Craven.

Mrs. Craven here stated that she had begun by thinking that Mental Nurses should have a preliminary training of one year in hospital, but she had changed her views on this subject, and was now of opinion that this was unnecessary.

Votes of thanks to Professor White and to the Chairman terminated the proceedings.

Nursing Politics.

NURSING ECONOMICS.

A SIGNIFICANT sentence in the paper on "Nurses *à la Mode*," contributed by Lady Priestley to this month's *Nineteenth Century*, contained the following words:—

"When once she (the nurse) is launched on the world she is often called to attend people who can ill afford the fee, ranging from two to three guineas a week exclusive of extras. This, in addition to the *doctor's fees*, falls heavily on those whose means are small and whose families are large."

and we presume it is this sentence which has called forth the following letter to the *British Medical Journal* :—

previous page
next page