

64 were tramps, 181 were prostitutes, and a very considerable number became inmates of almshouses and other retreats. So far as the Professor could ascertain, up to the present time, this family has cost the German Government no less than £250,000. The facts suffice to prove the wisdom of treating chronic drunkards as persons who, for the good of the community, must have their liberty restricted, and who will derive most benefit themselves from asylum treatment.

NEURASTHENIA.

Most physicians are agreed that complete isolation from all friends and relations is the proper treatment when neurasthenia is accompanied by symptoms of lowered nutrition and muscular weakness, and when a prolonged rest in bed is not sufficient to arrest the emaciation. Isolation is not only indicated in the grave form spoken of, but also whenever the patient's home surroundings become, on account of the exaggerated solicitude of the family, prejudicial to his recovery. There is no use in prolonging a treatment which is not carried out accurately, and which is subjected to the criticism or the commendation of the patient's family. Isolation becomes absolutely essential, when to the nervous exhaustion is added intoxication, morphinism, the chloral habit, the opium habit, etc. The other factors of the treatment are excessive feeding and rest in bed. The latter is necessary during the first six weeks of the complete treatment. To obviate the inconvenience of this immobility, passive exercise, that is, massage and electrization, is usually practised, although in as restricted a manner as possible. With regard to overfeeding, it consists especially in the progressive administration each day of three, four, five, and six pints of milk. Occasionally at the end of a few weeks, one or two eggs a day may be added to the milk diet. The considerable quantity of milk given to the patient must be taken in divided amounts, for it is necessary to maintain the stomach in a condition of comparative rest. The results obtained by the rigorous application of this method, are often most conclusive. The patient, as a rule, gains weight steadily, and as her nutrition improves, her nervous system recovers its tone and its controlling influence over the entire system. Relapses are rare, and recovery in from three to six months is the rule.

Trained Nurses for Country Districts.

A MEETING was recently held at the Shire Hall, Norwich, to discuss a scheme for sending trained nurses to country districts, under the presidency of Mrs. Gurney Buxton, who, in opening the meeting, expressed the regret of the President of the County Nursing Association, Lady Leicester, at her absence from the meeting.

In the speeches which followed, the question discussed appears to have been not the providing of trained nurses at all, but the providing of working women as cottage helps. In this capacity capable women would be very valuable, but in our opinion, to call women, who have had a few months maternity and district work, trained nurses, to allow them to wear nursing uniform, and to attend patients as competent nurses, is neither fair to the public or to the women themselves.

Miss Broadwood addressed the meeting on the subject of cottage nurses. This lady has for many years interested herself in this movement, and there is no doubt that her motives are excellent, but as a professional woman we can neither approve of her methods or her sentiments. Miss Broadwood's plan is to send selected women of the cottage class to Plaistow, or a kindred institution, for instruction in maternity nursing, and the elements of sick nursing.

Miss Broadwood remarked there were various kinds of nursing, and they would not be satisfied with giving to a trained hospital nurse, who attended surgical cases, the minimum of training which they would give to a cottage nurse. No medical man, indeed, would attempt surgical work in a cottage where the sanitary arrangements were not such as would make it safe to perform operations. Overtraining would simply spoil the cottage nurse. The average cost of the instruction of each one could not be less than £12. Would it not be folly to allow that training to go so far as to make cottage women so deeply interested in surgical nursing as to unfit them for taking any ordinary cases, and unable to bear the monotony of maternity cases? And they must remember that in the villages the larger number of cases would be maternity cases. Their cottage nurses should be thoroughly trained maternity nurses, capable of taking any ordinary cases, whether the doctor was there or not. But it was another step to go beyond that, and let them take the L.O.S. certificate.

We must point out that Miss Broadwood makes the very common mistake of supposing that surgical nursing requires a more highly skilled woman than medical, but this is most certainly not the case. In fact, in many surgical cases, the duties of the nurse are limited to keeping the patient clean,

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