

other hand we are called upon to make good, as speedily as possible, the waste which has occurred—in other words, to treat and improve the condition and increase the nutrition of the nervous system. The treatment, in fact, resolves itself into two parts—removing the cause and repairing the injury. It goes without saying, therefore, that the losses which the patient has suffered must be checked, and modern surgery enables us to do this with accuracy and precision. But when this has been done, we often find that the progress from bad to worse has been of such long continuance that the starved nerves do not easily respond, nor seem able without assistance to recover their lost tone. They demand, in fact, some active stimulus to their nutritive repair. These are distinctly not the cases in which massage and electricity, or forced feeding, give the best and most speedy results. These patients almost invariably require medicinal means to improve the condition, to build up again, as it were, their nervous energy.

The great practical point which I would emphasise in these cases of neurasthenia in women is the cardinal importance of realising that the nerve weakness is the cause of all the Protean symptoms from which they suffer, and then of neglecting altogether those symptoms themselves whilst attacking the central cause from which they spring. At any rate, the results of this line of treatment prove that no case of neurasthenia in women is too bad to be curable; but, on the other hand, I would say, with equal emphasis, that no such case is so slight that it can be wisely neglected. The consequences of such neglect, both to the patient and her friends, demand the latter warning. The former expression of confidence is justified by the fact that, at the present day, no department of surgery can claim greater successes than those which have been achieved in the removal of those uterine and tubal diseases which, grave as they are both in their conditions and consequences, often appear most important to the patient because of the secondary effects they produce upon her nervous system.

### Smoking and Blindness.

Smoking has many votaries, who will learn with what equanimity they may that a well-known eye specialist, Dr. C. Bell-Taylor, of Nottingham, declares that the habit of smoking is a national curse, and should be stopped by Government; and that every man or woman who smokes half an ounce of tobacco a day is smoking himself or herself blind. Not only is colour-blindness a frequent result of smoking, but atrophy of the optic nerve and its total destruction are also not uncommon. Dr. Bell-Taylor deplores the growing practice of smoking amongst ladies. It is certainly a practice on the increase amongst nurses—a fact which is much to be regretted.

### No Accounting for Tastes.

Major Jennings, in the *Journal of the Royal Army Medical Corps*, reports a singular taste noted by him during the campaign in South Africa. It consisted in eating the cordite with which the Lee-Metford cartridges were charged. The cordite consists chiefly of nitro-glycerine and gun-cotton, the first of which ingredients is sometimes given as a medicine, and which apparently has a sweet, pungent taste. But its after-effects are most unpleasant. By way of experiment, Major Jennings, after discovering the existence of cordite-eating among a certain number of men, sucked a quarter of a strand for two minutes. He found that he had consumed hardly any of it in this time, but, nevertheless, it caused the most racking, splitting headache he had ever felt in his life, and one which lasted for thirty-six hours, accompanied by ringing and hammering in the ears. As far as he could find, the effect on the soldiers who took it was not very different, and the only possible explanation of the cultivation of the taste for it is that when dissolved in tea it produced an exhilarating effect as immediate as it was violent. The exhilaration appears to have partaken of the nature of frenzy, and is followed by extremely heavy torpor.

### Appointments.

#### MATRONS.

Miss M. J. Matthews has been appointed Nurse-Matron of the Rhymney Workmen's Cottage Hospital. She was trained at the Newport Infirmary, Monmouthshire, and at the St. Marylebone Infirmary, London, N.W., and has held the positions of Nurse at the Llangollen Cottage Hospital, Head Nurse at the Llanelly Hospital, South Wales, and Sister-in-Charge of the Men's Ward and Theatre at the Throat Hospital, Golden Square, W.

Miss Blanche Drake has been appointed Nurse-Matron at the Isolation Hospital, Carlton, near Worksop. She was trained at the Essex and Colchester Hospital, and has had experience of private nursing in connection with the York Home for Nurses. She has also been Nurse at the Sanatorium, Scarborough, and Nurse-Matron at the Isolation Hospital, Sicklinghall, Withorley.

Miss Mary E. G. Brough, who was trained at Hartlepool Hospital, has been appointed Matron of the Thomas Knight Memorial Hospital, Blyth, Northumberland.

#### SUPERINTENDENT NURSE.

Miss Charlotte Tuck has been appointed Superintendent Nurse at the new Infirmary, Axbridge. She was trained at the Stapleton Infirmary, Bristol, and at the Royal Infirmary, Bristol. She holds the certificate of the London Obstetrical Society.

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