

## On Hysteria from a Nursing Point of View.

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The nursing of hysteria is a matter of no small difficulty, and requires an immense amount of tact and patience on the part of the nurse, but the successful treatment of the case depends so largely upon it that it is worth while to give it some consideration. In this paper we will conclude that the patient is a girl, for though the hysterical temperament is more often met with in men patients than is usually supposed, yet the majority of these cases are to be found among women. The first point a nurse must recognise is, that though the patient is not suffering from all the diseases that she imagines are affecting her, yet hysteria is a real disease. It is very important to realise this, as the remembrance should help the nurse to acquire much of the necessary patience and tact. Also, hysteria patients have a mental twist which quite perverts their moral sense, and this should also be looked upon as a temporary disease, and, instead of being repelled or surprised at their inability to speak the truth, or their actions to rouse interest by faking a temperature—the nurse will remember this symptom of the case, and not give the patient the opportunity to fail in this respect. For instance she must always be present and watching—though, if possible without the patient's knowledge—when the temperature is taken. She must always see food eaten, and never leave the room and think on her return that an empty plate means that the food has been swallowed.

Hysterical patients do best when removed from their home influences and left to the nurse's management alone. The family of an hysterical patient can rarely manage her. They either sympathise too much or too little and have not the necessary firmness in carrying out treatment ordered. The nurse must remember that such a patient cannot do without some sympathy, and it is here that so much tact and judgment is necessary. Shut an hysterical patient up with a nurse who gives no sympathy and thinks all the patient's complaints imaginary, and that it is her duty to pay little or no attention to them, and she will find herself unable to influence the patient for her good, her charge herself miserable, and the cure doubtful. The patient must not look upon her nurse as a tyrant jailer, with whom she is doomed to spend weeks, but as a kind, bright companion who will help her in the difficult task of getting well. Let the patient feel you

recognise that she is really ill, but are sure she wants to get well again, and that therefore she will do her best to help you in the cure, even when the means are disagreeable and involve great effort on her part.

Never encourage her to talk about her symptoms, and if by bright outside conversation it is possible to prevent her mentioning any symptoms, do so, but don't prevent her telling you entirely of any pains. Listen quietly, and stop her as soon as possible, but let her feel you have heard and will attend, remembering also it is possible that other diseases may be present with hysteria, and there may be real as well as imaginary pain. Generally when any hysterical patient comes for treatment, she is very weak, both physically and mentally. She has probably spent weeks in bed, and eaten very little food, and that food not of a highly nourishing kind. For this reason a modified Weir Mitchell treatment is generally adopted. Massage is ordered, the electric battery to restore the flabby muscles, and plenty of nourishing food, and as the body recovers its tone so will the mind, especially when helped with bright, cheerful, healthy surroundings and conversation. But it is one thing to put plenty of nourishing food before a patient, it is quite another to get it eaten! And here lies one of the hardest and yet most important of the nurse's tasks, in which her personal influence weighs largely. Hysterical girls generally take strong likes and dislikes, and the nurse must make the patient take a strong liking for her if she is to prevail. The food must be eaten, and every means tried to make the patient see how she can help herself to get well by these means. Sometimes a judicious scolding will produce the required effect. I remember one patient in hospital who obstinately refused her food. No coaxing or persuasion moved her, so I ended with telling her emphatically that she was the most selfish girl I ever met to let her poor old parents slave for her and break their hearts when she ought to be working for them, and she could do it, and be well in a few weeks if she only took the trouble to eat her food and do a few things she disliked, which were painful to begin with.

In a short time the "bed-ridden girl" was up and humbly offering to sweep the ward for me, and couldn't thank me enough! Encourage any employment such patients fancy as soon as they begin to gain strength, it occupies their minds and bodies and helps largely in the cure. Their nerves are not exhausted to the extent a neurasthenic's are, and they don't need the same amount of rest. Lastly, a word

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