

fection incurred by vaginal douching, it is generally wiser for the nurse to leave it alone, unless relieved of all responsibility by the doctor's order.

The last, and most important, point in the treatment of these cases is the relief of insomnia. Sleep must be obtained. Sedatives such as hyocine, trional, sulphonal, or bromides are generally ordered, while morphia, chloral, and opium are either avoided altogether or administered with the utmost caution. The insertion of a powder between the layers of a dainty sandwich has been suggested, but considering the complications which may arise should the patient become suspicious and turn against her food, it is safer for the nurse to exercise her ingenuity in devising some other means of administering the sedative.

These are the essential points in the nursing of puerperal insanity, but there are many little offices which the nurse's intelligence, tact and sympathy will suggest to relieve the condition of her patient. For instance, a patient who is worn out and restless may often be soothed into a condition where sleep becomes possible by having her hair gently brushed and plaited and her face and hands sponged with tepid water to which a little Eau de Cologne has been added. The ventilation of the room is another important point. Draughts should be avoided, of course, but fresh air and open windows are an absolute necessity. A fire and open windows is a better state of affairs than windows hermetically sealed and an empty grate. In cold weather it is easy to keep the patient warm by means of hot bottles and extra bedclothes, while in warm breathless weather the judicious use of a fan is often very refreshing. There is nothing so essential to sleep as a cool, fresh room. A heated, close atmosphere renders it practically impossible.

All meals should be daintily served, and the food rendered as appetising as good cooking can make it. It is best not to place a large quantity of food before a patient, as she will often take two small helpings of a dish which, served in one, she would not touch.

The room should be as unlike the popular idea of a sick-room as possible. Order should prevail, and while quietness is necessary, brightness and light need not be abolished. All accessories of the sick-room should be cleaned and put away immediately after use, and every unnecessary bottle banished. Most women like to see things about them neat and tidy, even though they may be personally very untidy, and it stands to reason that their mental condition must be affected even by

trifles such as the orderliness of their bedroom.

Lastly, the ideal mental nurse can exert a most beneficial moral influence on her patient. Constant supervision is essential, but it should be exercised as unobtrusively as possible, and, as the patient advances towards convalescence, the rigour of this watchfulness should be gradually relaxed and the patient allowed to feel that she is beginning to belong to herself once more. Again, women suffering from puerperal insanity are generally of a naturally nervous temperament, and impatience or any tendency to fuss on the part of their attendant, is certain to confuse and render them excitable and irritable; while a quiet, untroubled manner on the part of the nurse, makes for self-possession and sanity on the part of the patient. In short, a firm, quiet, and, at the same time, cheerful demeanour is indispensable to the successful nursing of mental patients, for their recovery depends almost entirely on the strength of the nurse's character, by which they are both stimulated and supported. Purely mechanical services may be rendered more or less satisfactorily by the average "smart" hospital nurse, without her possessing any great quota of brains; but a considerable amount of intellect and knowledge of the chemistry of human character is required to enable a woman to prove herself sympathetic without being indulgent and have, at the same time, a tonic effect on the mental condition of the patient, without undermining her influence by any unnecessary assertion of her rights as one who has been "fully trained" to queen it over prostrate femininity.

### **Phthisis and the Poor Law.**

The Lewisham Union Board of Guardians has decided to convene a conference of representatives of the Metropolitan Boards of Guardians to consider the advisability of applying for special legislative powers with the view of placing consumptive cases for proper classification and treatment in hospitals or asylums to be provided for by the Metropolitan Asylums Board or some other central authority. The Board has been led to take action owing to the fact that the infirmary of the Lewisham Union is at present overrun by cases of phthisis, some fifty consumptives being treated in two wards and in the open air on the balconies and in tents. It is also stated that members of the staff have been affected. The Guardians consider that the matter is not one for the Union to take up single-handed, as the provision of special accommodation might induce consumptives to take up residence in the Union.

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