

energy, for the higher parts of the brain use up more "current" when they work than the lower parts, to which the drudgery of everyday actions normally falls.

Every part of the body suffers, but the most serious thing is that when the appetite and digestion fail, as they almost always do from time to time, there is a hindrance to the supply of food, from which alone the energy can be recuperated. So we have a "vicious circle"—like a dog running round and round after its own tail till he falls dizzy and exhausted.

What are we—nurses as well as doctors—to do for these people, whose number is increasing by leaps and bounds from the stress of war and its recoil on the civilian population?

Firstly, we want to *prevent*, if possible, by allaying panic, comforting the bereaved, heartening up the anxious, perhaps gently laughing first at and then with them. Many of them will fly to stimulants, and we must recognise that they do this because of the temporary *anæsthesia* which these induce. But who would think, for instance, of attempting to *cure* a toothache by inhaling chloroform? Everybody knows that the pain will return when the effects of the anæsthetic have passed off, accompanied this time by the sickness and headache from the anæsthetic and by the lessening of moral courage that the flying to the drug has perforce induced. Everything ought to be done to stop the increased drinking, especially the secret drinking amongst unhappy women that this war has already given rise to. For the neurasthenic, alcoholic excess spells ruin—physical, mental, and moral.

Another way in which we can all help is by diverting people's thoughts from dwelling unduly on the incidents of the war. Here the press is largely to blame, and it is nowadays evident that any educational value which a newspaper has or ought to have is in danger of being swamped by the primary endeavour of the management to sell as many copies as possible. Similarly, we should go to theatres and music halls to be amused, not to have "patriotic" ballads bawled into our ears. As if our patriotism depended for its existence on the stimulus of the footlights! All these things spell danger of neurasthenia.

But what are the essentials of treatment when the disease is already established? Obviously, first and foremost comes plenty of nourishing food. Now on this point there is some misconception which, I am sorry to say, is not confined to the laity. In the dietary some form of *fat* is essential, if only because the nerve cells of the body are largely composed of

fat themselves. But it must be digestible, so it does not do to flood the stomach with nauseous preparations of cod liver oil, for instance. It may be necessary to supplement the fat contained in an ordinary diet by some preparation, such as Viole, where the fat is derived from eggs and bone marrow. The use of concentrated proteid preparations reinforced with chemical tonics is not a substitute for the necessary fat, and is often very harmful.

If the digestion is weak, some form of gastric tonic is often temporarily useful, but it should not be continued when the patient is able to take and digest food.

The next essential is rest—and this is just what the neurasthenic usually objects to. In his diseased fussiness he thinks himself indispensable, and worries about the welfare of those dependent on him, whereas this can often only be ultimately assured by his resting for a time; otherwise he will fall into the mental night when no man can work.

For patients who are well off, a rest cure in a nursing home is often useful, but this is not within the reach of all, and it is better to have a tactful nurse in the patient's own home for a fortnight at the onset than to be forced to adopt the more drastic seclusion later on. It is important to realise that in neurasthenia, working one set of organs does not help the fatigue of another set. For a man broken down temporarily with mental work or business worries to walk twenty miles a day over hill and dale is to court further disaster. Nor must he be too much alone: his own thoughts are often the worst things for him.

Often he cannot sleep. At first we may have to help him with sedatives, but he should never know what he is taking nor have access to the drug himself. I wonder how many overworked or worried people have been turned into mental and moral wrecks by the abominable tablet pharmacy of the advertising druggist! Every responsible physician uses sedatives for a definite purpose only, and never as a routine practice. Much harm is also done by the indiscriminate swallowing of tablets of such drugs as aspirin, for instance, which anyone can purchase unhindered by the handful.

I have not, of course, attempted to go into the subject of neurasthenia at all deeply, as any nurse who feels inclined can read up the details for herself in a text-book of medicine.

I have tried briefly to indicate the general lines on which we should approach the subject with a view of lessening, as far as we can, the effects of the war in this respect on those who have to stay at home.

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