Nursing in Nervous Disease, particularly in Hysteria.

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THE term nervous disease covers a very wide range of affections: the case of *apoplexy* with its rapidly fatal course or the slow, lingering, partial recovery with the paralytic arm or leg; the *epileptic* spasm that may be the forerunner of a series of convulsions which render a Nurse or an attendant necessary to the safety of the subject; the sufferer from *neuralgia* in its various forms, where the slightest exertion will set the facial or sciatic nerve throbbing with pain; the ataxic or spastic paralytic, whose form of locomotion is impaired and whose sufferings it is almost impossible to relieve for any length of time; finally, the hysterical and insane, whose erratic mental condition requires the highest quality of medical art to deal with, and for whom often far more can be done by the good judgment, tact, patience, and properly directed kindness of a Nurse than by all the medicines in the drug shop.

It is this last class of affections, particularly the hysterical, that I wish to call your attention to this evening.

The supply of good Nurses in nervous disease is not equal to the demand; the ranks are constantly being depleted by various causes. Those who have nursed a patient after a surgical operation, be it cœliotomy or amputation, will find very much the same thing required in a second case of cœliotomy or amputation; but no matter how many cases of hysteria you may have had to deal with, every one will be found different, and will call for very different treatment. At any rate, the successful Nurse as well as the successful physician will never undertake to adopt routine methods in such cases. The moment the patient discovers that she is being put through a routine system without consideration for individual needs and peculiarities, from that time she loses faith in the medical director.

The most successful plan of treating these cases is by a combination of various agencies, which were first grouped together and applied simultaneously to the treatment of neurasthenics by Dr. S. Weir Mitchell of this city. Indeed, the plan of treatment is usually known in this country and in Europe by his name. It is sometimes charged against the system that it consists of routine, but, although the various agencies may be continued in use from one or two or even, in exceptional cases, three months, it is the personal influence, tact, and maintenance of authority founded on a thorough appreciation of the various and often deceptive features of the case that make the line of treatment the farthest degree removed from routine method. If it has failed in the hands of many of those who have undertaken it, the lack of success has not been due, as a rule, to the fact that the physical agencies have not been properly applied; these can be reduced to a more or less constant element of practice; they conform pretty closely to the written page; it is that unwritten, inexpressible, personality that avails.

This is the field for the exercise of what is sometimes spoken of as "will power," and it is in this class of cases that occur those extraordinary instances of "faith cure," and which offer a field for the so-called "Christian scientists."

The general treatment of a typical case of hysteria will involve a great deal of time and money. Hysteria is usually seen in women from fifteen to fifty years of age, although these limits may be exceeded, and in exceptional cases hysteria may be observed in boys and men.

Specialists in nervous disease are usually consulted after the hysterical condition has been well established. The history is usually somewhat as follows:

The patient has perhaps undergone a season of trial or has encountered some prolonged strain. Perhaps it has been in nursing a relative during months of anxiety. She has denied herself air, food, and refreshment of mind; she becomes thin and pale; has a poor appetite; is easily wearied, and finds a refuge finally on the sofa or bed.

Aches and pains develop and sleep is poor. By this time unwise medication may have added to the trouble and actual dyspepsia or constipation may have to be contended with. It will be a mistake for you to conclude, because the diagnosis of hysteria has been made, that the affections which are apparent in the patient are, after all, imaginary. This is by no means true. There are actual disorders; there may be even a true paralysis as well as a false paralysis of hysteria. Most of the real affections that hysterical patients suffer from are the results of misdirected treatment. An effort should be made to raise the standard of health generally, to revolutionize the entire manner of life, and give the patient the opportunity of making a fresh start on a different plane.

Without discussing the causes that have brought the patient to bed, whether it may have been overstudy, devotion to society, disappointment in love,

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