

Nursing in Nervous Disease, particularly in Hysteria.

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I.—SECLUSION.

NOT only is it obviously impossible to treat these cases in a general hospital ward, but it is not desirable to undertake the treatment of hysteria within

confidence in his general's ability to direct, and unquestioning loyalty even in the darkest hours.

Seclusion is a feature of the treatment which a patient at first often objects to strenuously, but which she herself will after a while admit is essential to success.

Seclusion does not mean, by any means, solitary confinement, nor should a room be chosen that is so dark or unattractive as to give the slightest ground for calling it a prison. It should be sunny, especially in autumn and winter, which, by the way, is the better portion of the year to conduct the treatment.



the patient's home, no matter how remote and quiet a room may be proposed, and no matter how strict a quarantine may be promised by members of the family. It is against the whole spirit and plan of treatment. Home connections must be severed for the time being; the interests of family, the accustomed sounds, anxiety for the comfort of others, petty annoyances, had better be left hundreds of miles behind. The patient must consent to be placed under a new authority as implicitly as the soldier who leaves home and business behind and obeys the order to halt, or march, with perfect

The patient requires the entire time of one Nurse. As previously stated, she should be a well-trained hired Nurse. She ought to be a stranger to the patient, "a young, active, quick-witted woman, capable of firmly but gently controlling her patient. She ought to be intelligent, able to interest her patient, to read, and to write letters. The more of these cases she has seen and nursed, the easier becomes the task of the doctor. It is always to be borne in mind that most of these patients are oversensitive, refined, and educated women, for whom the clumsiness, or want of neatness, or bad

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