

of severe heart weakness, she should obtain from the doctor in attendance distinct and written instructions as to the manner and method of exercise in which the patient may be permitted to indulge.

We next come to consider some diseases outside the heart; and, in the first place, have to note that the organ is contained in a bag which completely, though loosely, surrounds it, and which is termed the *Pericardium*. Sometimes the lining membrane of this bag becomes inflamed, and the disease, known as PERICARDITIS, is produced. This inflammation may be either "dry" or "wet," as the two varieties were formerly termed. In the former, the membrane remains but slightly moist, and from its surface a white, thick fluid sweats out which is called *lymph*, and which simply coats the inflamed surface. The heart, as it moves, rubs up against this surface and causes a rubbing or "*friction*" sound in consequence. Or, the inflamed surface may sweat a thin, watery fluid which may, to a greater or less extent, fill up all the vacant space in the pericardial cavity. The former condition may cause further danger by setting up adhesions between the bag and the heart's outer surface, thus limiting and interfering with the free action of the latter. But when the quantity of fluid in the cavity is at all great, it is easy to understand that the action of the organ is still more seriously impeded. Consequently, pericarditis is a disease which is of serious importance in any case, and when it occurs in a patient suffering from disease of the kidneys or of the lungs, it is usually the precursor of a fatal termination. The Nursing of a case of pericarditis, as you will understand, consists chiefly, in the first place, of keeping the patient at perfect rest, most carefully making the external applications which may be ordered by the doctor, and maintaining the patient's strength by the regular administration of the prescribed medicines, stimulants, and diet. As a rule, strong iodine is ordered to be painted over the surface of the heart; that is to say, over the left breast, so as to act as what is termed a "counter-irritant." By this means, in suitable cases, the local inflammation is subdued, and the effusion of fluid into the pericardium prevented, checked, or, it may be, partly removed. An old-fashioned remedy, which was undoubtedly of the greatest value, but which is comparatively rarely used at the present day, consisted in "cupping" the patient over the heart's area, and sometimes, when the heart's action is seriously impeded, the removal of blood by leeches applied to the left breast is ordered, and gives great relief.

(To be continued.)

## Nursing the Insane.\*

BY J. D. SPAETH, PH.D.

WHEN I accepted the invitation of the Superintendent to address you this evening, it was with the understanding that you were not to expect from me anything like information or instruction, or even practical suggestions in your special line of work. This, for the simple reason that I know too little about it, and that it is my belief that criticism and practical advice are of very little use, unless based on a careful study of the conditions under consideration. But I should be very unwilling to have you interpret this as betraying a lack of interest on my part in your work here. Some weeks ago I had an opportunity of visiting the wards, and of seeing you in the midst of your duties. I assure you that this was a bright and cheering side of my visit, and that the impression made upon me was that the Nurses were in sympathy with the medical staff, and also that they were determined to introduce among themselves the same high standards, and resolved to do what in them lies to increase the efficiency and the excellence of their service. Therefore, I do feel glad to encourage you, and I ask you to accept my remarks to you as an encouragement to the purpose and aim of your present endeavours.

What should be the spirit to animate Nurses in an institution like this? What should bring them here? What should keep them here? What ideals of attainment should they set before themselves? The thoughts that I have to offer you have grouped themselves about these questions, and are an attempt in some sort to answer them.

In the first place, it seems to me that the position of Nurses for the insane ought to be as high as that of any other Nurses. Such a position demands all the qualities of the Nurse in the highest degree; firmness, great dignity, self-possession, the ability to inspire confidence, patience, endurance, conscientiousness, fidelity, and powers of observation. The day has gone by when the insane were treated chiefly by mechanical appliances, and the attendant was valued principally for his muscular power, his strength of grip, and his ability to pull a strap tight and lace a straight-jacket. But as there is a reduction of external restraint, a higher supervision on the part of attendants is required. Dr. Luke, an eminent authority on insanity, tells us: "As attendants are trained to rely more and more on the moral influence they can exercise over their charges, and less on mechanical apparatus, the patient is not so apt to resent control, and, therefore, a greater calm and contentment pervades the atmosphere of our asylum wards." The change of view with regard to the treatment of the insane, and the prevalence of humane and remedial systems to-day, in place of the barbaric systems in vogue even down into our own century, the fact that the treatment of the insane and the study of the problems of insanity are enlisting everywhere medical talent of the first class, all these must sooner or later exercise an influence upon the standing of Nurses for the insane. If we have the best doctors devoting their lives to the study of insanity

\* Address to the Nurses' Club of the St. Peter State Hospital, St. Peter, Minn.

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