

thrift in habit, and went on her way with an ever-lessening comprehension that her duty lay not only in the proper care of her individual patients, but also in the promotion of the best interests of her calling and of all her companions in the same calling. Of course individuals are sometimes strong enough to battle against such adverse circumstances, and I have in my mind many noble examples; but too often have the words of Florence Nightingale proved true—"The danger is that the private nurse may become an irresponsible nomad."

This is no exaggerated picture, neither has it been put before you on mere sentimental grounds, but rather to show what were and what still are some, at least, of the needs of the graduate nurse when she leaves the training school. She should be surrounded by the restraining and stimulating influence for good which she enjoyed while in the hospital. She should be made to feel that she is in the highest sense a responsible member of society, whose office it is not only to assist in the alleviation of sickness, but also in the prevention of it. To do this properly she must be relieved from the anxiety how and where to secure a proper abiding place, by having provided for her a suitable home where undisturbed rest, proper recreation and study, can be found at a moderate expense. The irregularity of a nurse's life, which necessarily accompanies the uncertainty as to the day or hour when she may be busy or unemployed, renders it imperative that courses of lectures, class demonstrations, and other instruction should be so arranged that a member may be encouraged to take advantage of them whenever she can. Only exceptionally will the duties of a private nurse permit her to attend a full course of lectures, but even a few single lessons will provide a certain amount of instruction, and, what is even more important, will supply food for thought until further opportunities present themselves.

Business head quarters are also necessary, where calls from doctors or the public may be received and answered, so that the nurse may feel assured that her interests are being properly looked after. Again, when it is remembered that the majority of people are in the habit of judging all nurses indiscriminately, it becomes an important matter that properly trained nurses should be protected from the reputation made by irresponsible women with no real knowledge of the duties of nursing. On the other hand, again, it is a duty we owe to the laity to afford them some means by which they may be able to judge between the competent and incompetent, the reliable and unreliable among trained nurses.

(To be continued.)

Royal British Nurses' Association.

(Incorporated by Royal Charter.)



THE Second Sessional Lecture of the Royal British Nurses Association took place on January 22nd, at 17, Old Cavendish Street. The lecture was given by Professor E. W. White (City of London Asylum).

Dr. Bowles was in the chair, and there were about thirty-five persons present.

The Chairman, in his opening remarks, said that the lecture that night would be especially interesting, because all the members of the Royal British Nurses' Association needed educating in view of the serious work before them. Some alteration was proposed in the Nurses' Institution, and therefore any information which bore upon the subject was welcome. The question in point was, however, not a matter for discussion that night, because it was not before the meeting. He then called upon Professor White, who prefaced his lecture by saying that there was nothing controversial in it, it was purely instructive, bearing upon the inner life of Asylums to-day, and the training of male and female nurses.

He then delivered his lecture upon "The Nursing of cases presenting symptoms of Mental Disease," in the course of which he said that in order to recognise symptoms of mental disease, it was necessary first to have some acquaintance with the mind in health. For the mind to be healthy, it was necessary that the brain should be healthy also, as disorders of the brain were reflected in the mind.

The brain was composed of cells which were the seat of the intellectual faculties, the will, and the emotions. The *intellectual faculties* included the reasoning powers and memory. The *will*, the faculty of regulating actions, and of self control. The *emotions*, the susceptibilities, capacity for joy and sorrow, and the organic appetites, such as the desire for food, drink, and reproduction of species. *Disease*, or unsoundness of mind, was a departure from the normal condition. *Legal insanity* was that in which the disease took the form of a tendency on the part of the patient to injure either himself or others.

Insanity was a generic term, and included idiocy, imbecility, demoniacism, epileptic insanity, &c. The distinction between the dementia of the *idiot* and the *imbecile* was that from birth the idiot was not possessed of a mind. The imbecile could talk, but the growth of the mind was arrested at a very early period.

The *demoniac* was in a condition of mental exaltation and excitement. He was erratic, unhinged, had lost his self-control, was incoherent in conversation, often destructive and violent, was possessed by delusions, and often by homicidal tendencies. The lecturer defined a *delusion* as referring to the mind, and an *illusion* to the senses. As an illustration, he instanced a S. Catherine's wheel which, though only composed of two straight pieces of wood, gave the impression of a wheel. This was an illusion, but did anyone really believe it he would be suffering from a delusion. A *hallucination* was a false sense of perception, a false belief, referred to any of the special

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