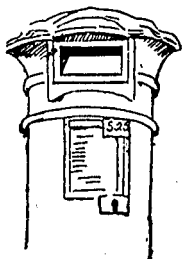


## Letters to the Editor.

NOTES, QUERIES, &c.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### THE NEURASTHENIC NURSE.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am glad to see that some attention is being given to the neurasthenic nurse, that is the nurse for neurasthenic cases, for as a rule training in this branch is not taken into account. "Oh! just nerves," says some one, "any nurse can manage a case of that sort." I beg to differ emphatically.

The reason why the ordinary nurse, as Dr. Scholfield truly points out, dislikes nerve cases is, I believe, because she feels at sea with them. Her hospital experience has taught her little or nothing in regard to them. Far be it from me to say that no hospital patients suffer from their nerves, but if they do they, as a rule, get scant sympathy, being regarded as "tiresome," or "impossible," and a sigh of relief is heaved when, being better in other ways, they go out convalescent, or, not being better, they "take their discharge."

Yet this is greatly to be regretted, for it is bad for the patient not to have nursing care, and it is bad training for probationers to see these patients go out, and not a soul on the staff of the ward from the Sister downwards take herself to task for her want of skill and understanding, as being primarily the cause of the premature exodus of the patient.

But, after all, this lack of understanding on the part of the nurses is not wholly responsible, for what jangled nerves need is rest and quiet, and what more unrestful place can there be to a patient in this condition than the ordinary hospital ward. Pleasant enough it is for those whose nerves are taut, whose illnesses, severe though they may be, are of a physical nature, but the constant coming and going, the very bustle which relieves the monotony and makes hospital life pleasant to the ordinary patient, is little short of torture to the one with disordered nerves. It is quite impossible that he should get the rest he craves and needs. So he discharges himself, and is regarded as an example of that *rara avis* an ungrateful patient.

If ever the care of neurasthenic patients is to be taught in our hospitals it will have to be in wards specially set apart for their treatment, where doors and windows open and shut noiselessly, where the nurses move with silent tread, where it is realised and taught that the care of such patients is really the highest form of nursing that can be undertaken, and that though it may be, and is, a triumph to restore a patient who has undergone a severe opera-

tion, or suffered from a severe attack of double pneumonia, to his home convalescent, it is really a greater triumph to send out the patient with distraught nerves restored to health and in well-balanced condition. The truth is, the reason why so many nurses dislike nerve cases is because they understand so little about them. If they did they would be full of sympathy for the patient. As it is they appear, and very often are, though unwittingly, unsympathetic if not unkind. As we get so little or no instruction in this important branch of our work while in training, I think it at least behoves those nurses who intend to take up private nursing, to make a study of it, for they will find that the majority of patients in private life have nerve symptoms side by side with the straightforward bodily illness which the well-trained nurse can readily tackle, although they may not be labelled nerve cases.—I am, Dear Madam,

Yours faithfully, OBSERVER.

### THE TEA HABIT.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—The tea habit may be one which brings down upon the heads of those who indulge in it all kinds of evil consequences. At the same time, what are we to drink? The nurse of the present day can't sit down at ten o'clock in the morning to bread and cheese and beer as did her predecessor of half a century ago, and how would she get through all the work of a busy afternoon without that two o'clock cup to which she looks forward as she plods through the dull courses of a hospital mid-day dinner. Tea may do all the injurious things which we are told it does. I can only "speak as I find," and I know it has kept me going these twenty years and long enough ago I should have had to give up nursing without it.

Yours faithfully,  
A TEA LOVER.

### A PHYSIOLOGICAL REASON.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I am always unwilling to see dispelled amiable illusions that do no harm. But the fanciful views so many people at home have about black and dark-skinned races result in a very great deal of harm.

People at home can have no notion of what African natives are like on their own ground. I was in Cape Town when Fillis' Circus people were collecting Kaffirs and Zulus for exhibition at Earl's Court Road, and I remember the sensation those natives caused when they were paraded in the streets. I had myself been through Matabeleland and Natal, and had come across no end of Zulus who are the finest of the South African races. But I had never seen specimens like those in Fillis' Circus. Everyone said they were the pick of the country.

I think I ought to explain that the repugnance to the smell of the native is common to all English, Dutch, and Colonials settled in South Africa. I never heard any one question the fact that it is a feature shared by all native tribes, though its offensiveness is more marked in some races and in some

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