

tions necessary beforehand, or after to hear the results of the anæsthetic.

This is unavoidable in many badly-built London houses.

Sympathy between nurse and patient is the main point, and without it the cure will start badly. The ordinary hospital nurse is absolutely useless for such cases; she is mainly surgical, is used to seeing with her two eyes the mischief complained of, and if she cannot jump to the conclusion it can't be there. She can sympathise with an amputated arm or leg or a laparotomy, but illness brought on by overwork, worry, or the complex trials of modern life are beyond her. "She says she has a headache, or can't bear a noise or can't sleep," is the attitude most nurses take. They should remember that a quiet and contented mind will probably react on the body, and that it is not likely to be induced by either saying, or implying by manner, "You think you have so-and-so, but you haven't, really."

I know that nerve patients are liable to exaggerate their suffering, but a cause there is for the suffering, mental or very often physical, and it is most intensely real to the patient. Most of us know of cases treated as neurotic or hysteric which have often turned out neither the one nor the other, but sufferers from an undiagnosed disease. I bless the hospital Sister who once said to me severely "*Never* tell me a patient is a hysteric; I will not have the word used in my ward."

I think the stumbling block in the path of most nurses is in the words neurotic, neurasthenic, and rest cure. In plain English these words are to most synonymous with hysteria or sham, and till our nurses are really trained in nerve illnesses they will mostly treat their neurasthenic cases as shams. I sympathise with them to the extent of admitting that nerve work is beyond all other trying and arduous, but, did they seek it, the joy is great when you feel you have helped in even a small way to a good cure—an overworked school mistress going back to take up her work again; the run-down, physically delicate mother bowled over by the cares of life, returning well to her home; the highly-strung, excitable girl, to fit herself for useful work. I have known them all, and could lengthen the list by many.

One of my nurses said one day of another patient with some scorn, "Oh! she has just nerves" (I learnt after that she had been left a widow early, and for years had pluckily supported herself and several children); and again, cheerfully, "You don't matter, you are only a rest case."

The patient's view was different. I was spending a good deal of money over the cure, and it seemed to me to be somewhat important.

That quiet is necessary the ordinary nurse cannot seem to grasp. The bedroom door is often left open till the wind blows it to. If asked to shut it she will do so with maybe the best of intentions, but—by the simple plan of putting her foot behind her if her hands are full and letting the door bang. This happening often becomes to many patients a species of torture.

Another thing I would deprecate is rousing the patient on a bleak winter's morning about 6.30 a.m. in a fireless room and leaving her to perform her ablutions after the window has rightly been open all night with a cheerful, "You can shut it, can't you?" It is a chilling process and liable to leave one cold for hours. The hasty-tempered nurse is not suitable at all, she upsets herself and her patient over nothing. "What, not drunk your milk" (after ten minutes) "then you will be reported to the doctor." It is all very laughable if you are not the patient.

I think there are two things that should help the neurasthenic nurse to be gentle and sympathetic, by which I do not mean giving in to a patient's every whim.

1. That it is possible that after many years of work she may be in like case herself.

2. The absolute helplessness of the patient should appeal to any kind-hearted woman. Ill, but cut off from all her friends, and the more they have spoilt her the more she suffers, forced for the time being, if she is keen on recovery, to put up with much that seems so unnecessary and even worse, as well as to bear the pain and discomfort of which she is waiting to be cured.

After many years in hospital and six weeks as a neurasthenic patient, I have sadly come to the conclusion that the sympathetic, kindly, but withal firm and decided neurasthenic nurse is a *rara avis*, and when found should be carefully preserved in a glass case and only removed on very especial occasions.

I could only contribute one masseuse and two trained nurses to the collection, alas and alas!

X. Y. Z.

Miss Margaret E. Cuthbert, a nurse at the Kidbrook Nursing Home, Blackheath, was found dead in bed last week. The doctor who made a post-mortem examination told the Coroner at the inquest that he was unable to account for her death, as she was perfectly healthy. The inquest was adjourned for a further medical opinion.

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