

mic motion of rowing is good, and out-of-door sports may be practised if not too violent. Quiet, but not sad, music is soothing. Sewing, if enjoyed, is helpful, but there should be no fitting, cutting, or other "fussy" work. Embroidery—preferably floral rather than conventional designs—and knitting are two good "standbys." Expect, insist by gentle suggestion, on "something accomplished, something done." It will win a night's repose, often better than a hypnotic.

Avoid too much conversation. Nervousness is often largely a state of being "talked-out." If "something is on the mind," however, "deferring the evil day" helps little. "Open confession is good for the soul." Let a woman talk and have her own way, the last, as much as possible, and she will soon be herself again.

### III.—MANAGEMENT.

"The best discipline is that which is conspicuous by its absence, that which works unseen." By an appeal to intelligence and by kindness and firmness a patient is quickly brought into co-operation with the medical attendant. Without the help of the patient little can be accomplished. One must have "faith in the doctor." Without it, Christ Himself could do no "mighty work." Never command. People dislike to be treated like children. Suggest, and *take it for granted* that you will be obeyed. The influence of mind upon mind is great. Your distrust produces aggressiveness, and hence a struggle. If the patient wins, it is the story of the runaway horse repeated. She glories in her conquest and is ready to repeat it at any moment. Rebellion is contagious—others will follow in her train. Victory on the part of doctor or nurse is usually accompanied by violent dislike on the part of the patient. The emotion of hate is one of the most virulent, and a strong-willed woman, one hard to manage, is usually a good hater.

*Never threaten. Never lie.*—Suggesting some cruel and impossible treatment for hysteria is absurd. Fright or anger replaces the emotion of sorrow, but are either better emotions? The poor hearts crave sympathy, and tears are a God-given relief. How great is the anguish when one cannot cry, when the tear-ducts refuse their office! A certain amount of crying is good for babies, and a good cry often rests a tired woman as nothing else does. The effort of repression often brings on violent headache and nausea. The longer, too, the fit of weeping is delayed the more violent and protracted the seizure. Muffle the head, if necessary for the comfort of others, but let the patient cry freely. A little girl of

my acquaintance had a tiny crying-cap—her great comfort. We are but "children of a larger growth."

Trust your patients. Do not watch them. Constant espionage excites in the mind the very desires against which you are striving. "Experience is the best teacher." If necessary for the lesson, let the patient become over-tired by coming downstairs too soon. It is less injurious than a constant clash of wills. The refusal of food is often simply a desire for attention—an effort to be peculiar. Ignore it; the stomach can rest without harm. Rectal feeding is often an encouragement of obstinacy. The patient enjoys taking the nurse's time and having the doctor solicitous. If she for one moment imagined that she would be left to starve, she would eat at once.

As for nervousness at night. When the nurse has been aroused because of "burglars," and the patient has slept almost none at all, she should get the rest and sleep the day following in bed. A light diet because of being in bed might follow, if the "burglar attacks" were frequent. Never let a patient think, however, that you are punishing her. It hurts a sensitive soul and is galling to the pride. Patients are completely at the mercy of doctor and nurses. Let them not find your "tender mercies cruel."

A sense of humour is a "saving grace."

Prompt common-sense is indispensable. "I die to-night," said one, flourishing scissors (an oft-repeated threat), "you pray with me to the end." "Well," was the reply, "as nothing can deter you, and you threaten my life if I interfere with you, hurry, so I can pray and go to bed." "Your remarks," said the patient, "are unfeeling. You are neither a lady nor a Christian." "If you are not dying, or those scissors are not put in my hand at once, I shall send you to an insane asylum," was the even response. "Since I am perfectly sane, and you very erratic, to avoid any unpleasantness, take the scissors." Entreaties had vainly occupied about two hours.

Sociability is a great factor in healing. Do not leave a patient alone from morning to night. Encourage short calls on neighbours, going to amusements and church, playing games, writing cheery letters. "No man liveth unto himself." When patients are cross, however, silence is best. Every remark or attempt at conciliation will be misconstrued. "Silence" in such cases is generally "golden." Agree with your patients as far as possible. If you must disagree, praise their common-sense on some other point first, then tactfully state your case, and withdraw quickly.

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