

Functional Nerve Disorders.

Dr. Schofield recently delivered a course of three lectures at the Nurses' Club, 12, Buckingham Street, on "Functional Nerve Disorders." The capacity of the room was strained to its limits by a most appreciative audience.

The lecturer spoke clearly and lucidly and everything he said was put before his hearers in a most interesting manner, but—owing to the rapidity with which he spoke—it was only possible to take brief notes.

The subjects of the three lectures were:—

1. The Cause.
2. The Cure.
3. The Nurse.

The difference between Neurasthenia and Hypochondria was clearly defined, the former being due to physical causes, the latter to psychical causes. But as the physical condition has to be considered in the treatment of both cases, he made a strong point of the necessity of seeing the patient—as he said, with *two eyes*. The one to grasp the physical, and the other the psychical element in every case. "You must see the mind as well as the body," he told us.

The mind, being compounded of (1) The intelligence, (2) the emotions, and (3) the will, could not be dissociated from the purely physical aspect of the treatment.

Dr. Schofield pointed out with great insistence, that the all-important factor in the treatment of all nerve cases was the affinity of mind, the personality, the sympathy, which must exist in the doctor and the nurse, if a successful result was to be looked for.

Without these qualities, he affirmed; the nurse with the three years' training was of no use, and the doctor was not worthy of the name. He quoted Charles Reade's book, "Put Yourself in His Place," as the epitome of the qualifications necessary, and advised his hearers to read it, saying that after the Bible it was the book he valued most. It was with thrilling interest that we listened to the doctor's account of some uncommon cases of functional nerve disease, that he had treated and cured. Each case must be treated on its own merits.

The lecturer emphasised the fact that personality enters very materially into the cure; the personality of the nurse he considered of greater importance than that of the doctor, as she was continually with the patient; it re-acts upon the patient. The nurse is an active agent in the cure.

The last lecture was entirely about the

nurse in functional nerve cases. The lecturer said briefly:—

"The nurse (for such cases) is born and made, and, if successful, is at the head of her profession.

"In physical sickness, the patient is well, but has got a disease; in nerve disease, the patient is ill to the depth of his being.

"Sympathy is not sentiment; it is impossible to be impatient if you have deep sympathy, because you cannot *feel* impatience.

"The nurse should 'remember the value of her own personality.'

"She should be a good woman, a woman throbbing with womanhood.

"The moment you enter a room, you have done good or harm without uttering a word.

"The most essential thing is to gain the patient's confidence."

In conclusion, these are the eight practical hints that Dr. Schofield gave as a guide to the nurse:

1. Have a good watch, keep it right, live by it, and make your patient do so.
2. Don't make a suggestion to the patient without consideration.
3. Don't discuss trivialities.
4. Be quite definite, try to be a mental support.
5. Keep your dignity, and your patience.
6. Never discuss distressing subjects, and add to the patient's troubles, by relating your own.
7. Too little talking is a mistake.
8. Know when to talk out of doors.

The Registered Nurses' Society.

At the quarterly meeting of the Registered Nurses' Society, three new members were elected and six accepted on probation. The accounts for six months proved that a larger average of members had been employed than in any previous half-year, many nurses having been constantly employed. Nothing proves a nurse's quality better than private nursing, those whose services are of the highest order being in constant demand, both by doctors and patients. Those who are not personally acceptable often fail to keep cases when sent to them. The nurse who, on going to a case, quietly studies her surroundings and adapts herself to them, is most likely to succeed. A nurse's success in private nursing depends almost entirely upon herself, and this is a fact the majority must realise. The principle of co-operation is the last thing the second rate nurse appreciates.

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