

we all like to cherish the conviction (which the masculine intellect may perhaps call delusion) that, as a little compensation, nature has given to woman more of what I might call mental and moral sensitiveness and mobility, to perceive the delicate phases and shades of mental and moral convictions, sentiments, conceptions, influences, impulses, and desires, especially in female patients, the perversion of which underlies the whole range of conduct in these cases, and to respond, and rise and turn to the constant and swiftly varying demands of this abnormal condition, and a little more of tact and fertility in the lesser resources, so necessary to correct, modify, restrain, direct, or eliminate those manifestations of the subverted mental or moral state.

And the one who nurses these cases deserves some consideration, for a neurasthenic case takes from out of his or her nurse that for which she can never be repaid, for the strain and tax on mind and body of those who nurse neurasthenics is such as can be understood only by experience, and requires a physical constitution that few nurses possess to enable one to continue long in such practice.

Having disposed of that part of a nurse's duty that is more immediately directed to the physical building up of her patients, we come to that which pertains to mental and moral state, and I need hardly say that this is by far the most difficult part of the nursing of neurasthenic patients.

If sought for there will always be found deep down in these cases a perverted or obscured perception of those great fundamental principles in human character and life of right and wrong; and more easily ascertainable still will be the multiplicity of unhealthy mental conceptions and habits.

If neurasthenics could be aroused to a sense of what they ought to do, and the will to do imparted to them, nursing would be easy, and results eminently satisfactory; but that is where the great difficulty lies, and for that reason results are seldom, if ever, just exactly what a nurse who aims at all at the perfect would wish them to be; also for that reason seldom, or never, is a patient passed from the hands of the physician and nurse that the critical and accurate observer could say was really "made over," according to the best possibilities of his or her personality and circumstances; but, instead of being like a new garment, is rather like a garment that has been more or less thoroughly washed, and more or less, according to the susceptibility of the patient and the capacity of the nurse, well and neatly "patched and pressed"; but just as people often say "half a loaf is better than no

bread," almost any patch is better than the original hole.

Having once gotten into the subject, there are many things that I would like to have spoken of, and others that I would like to have dwelt further upon, but the limits of time and of my claim on your patience make it necessary to curtail the volume of this paper.

As to dealing with the moral aspect of neurasthenia, the whole system of effort of the nurse is, I conceive, founded on a few simple principles, of which the first and most important is the appeal to and constraint of conscience; that is, as already alluded to, the element of right and wrong; and the ideal patient, who is never met with in practice, would respond with her whole heart and soul and mind to this appeal, and in that response would be established in a fixity of will and purpose, intelligence of discernment, and persistence of effort (that are always conspicuously absent in neurasthenia), that would, with the assistance of the other means and circumstances of treatment, lead to the ideal cure. But had the patient this susceptibility of conscience the probability altogether is that it would have kept her in the first place out of the neurasthenic state; but lesser degrees of response, where the complete cannot be attained, should be sought and are frequently found, and are correspondingly welcome and effective.

After the appeal to conscience may be named the appeal to reason, and many a patient who is quite indifferent to and unapproachable on the ground of the right or wrong of his or her conduct will be found more or less sensible to and comparatively easily constrained by the unreasonableness of it, and by the reasonableness and wisdom of the treatment and line of conduct prescribed for him or her, as the case may be, with always commensurate benefit; and the nurse, always with her patient, is always (at least always should be) consciously or unconsciously appealing not only to the conscience, but to the reason and sensibility to the dictates of wisdom, of her patient.

Then also another factor in treatment, closely allied to the sense of wisdom, is that of affection (feeling). Sometimes patients who are quite indifferent to right and reason, may be touched and constrained and aroused to mental and moral effort by an appeal to their affections, as may not infrequently be seen in the case of nervous women who can be stirred to the first move out of their mental lethargy only by an appeal to their affection for children or husband.

Sometimes also the nurse is so hard driven that she is very glad indeed to find that her

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