

agreeableness she must display the utmost firmness.

Since mental states influence bodily states, and the reverse, bodily states influence mental states, it is not only the mental condition of a patient that requires her care, but also his bodily health and appearance. Moreover, mental patients often neglect themselves, and because a patient's reason is dethroned, he needs all the more urgent care—that the body is clean, tidy, and unobjectionable.

Insane patients often refuse their food, and the nurse will discover whether a patient does so in consequence of a delusion or because food in general, or some particular food for some reason, is repugnant to him. Needless to say, that no mental patient should drink alcohol; it is poison to his brain, however small in quantity or weak in quality. In order not to awaken a desire in him, mental nurses should never drink with his knowledge, and never in his presence.

Many people have the wrong idea that all lunatics are dangerous, raving mad and desperate people, whose actions are those of beasts of the field, and whose language is that of Billingsgate and the dockyard; that lunatics have staring eyes, dishevelled hair, and disordered clothing. Whereas the truth is that many of them do not even betray their abnormality to strangers either by their speech or by their appearance. In private work a mental nurse will see patients who still recognise that their brain is not working properly, and who know that they lack control over it. Gradually their strange sensations or beliefs become realities to them, but even then they need not be demented, but some one or more functions are out of gear.

According to the normal primary mental capacities we get a variety of symptoms. There are three processes which may become deranged; viz.: thinking, feeling, and acting.

We may get false perceptions giving rise to hallucinations and illusions; the memory may get defective, and thinking either slow or over-active, giving rise to a rapidity of thought and incoherence. Or else the intellect may be clear, but the emotions deranged, and with deranged emotions, as a rule, the actions are abnormal. Thus, excessive fear may give rise to melancholia; excessive suspicion to delusions of persecution; excessive pride or vanity to delusions of exaltation, and so on.

A knowledge of psychology and a practical acquaintance with human nature will thus help immensely in the understanding and treatment of the patient.

*(To be concluded.)*

## The Relations of Nursing and Medicine in Germany.\*

By ELIZABETH VON DER PLANITZ.

The relations between doctor and nurse have of old been rendered difficult in Germany for two reasons: firstly, because of the excessive submission to the doctor of Sisters belonging to religious orders; and secondly, because of the frequent dependence of doctors upon the management of the hospitals of religious communities.

As a proof of the first statement I give the following one:—

A mother house dismissed one of its Sisters, a girl of the educated class, because she had refused to help the doctor on with his goloshes and to turn up his trousers, this being considered a refusal to obey orders when on duty.

As a proof of the second statement the following one:—

A doctor resigned work at a hospital, because against his stringent orders the bandage had been changed by a nun after trepanning, after washing with camomile tea, because the Mother Superior would not allow any deviation from the ordinary rule, which obliged the Sisters to change the bandages.

In modern times the difficulty of bringing about the right relations between both professions seems to increase still more. The growing number of educated women in the nursing profession makes it necessary for the doctors to take a different position from formerly, when in the majority of cases the nurse of a lower social rank was subject to the professional man, and besides was the member of a community teaching that humility is one of the first duties.

Many doctors find it inconvenient to be obliged to show certain consideration and more self-control, which is necessary when working with an educated woman, and so they prefer the uneducated, low-class nurse, whom they can treat unceremoniously.

Among the nurses the sore point is, of course, frequently the want of a proper sense of dignity, the tendency to flirt, besides the endeavour to render personal services, in order to secure less severe criticism of their own professional inefficiency, which is owing to our deficient system of training.

As in very few institutions the Lady Superintendent has a position worthy of her educational responsibility, as she is mostly too over-worked or too unfitted to have sufficient educational influence on the Sisters, it is exceedingly

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[previous page](#)

[next page](#)