

they will in time crowd out his morbid ideas. The mental nurse should therefore interest her patient, talk and read to him, tell him anecdotes and news, should vary his occupation, and altogether get him away from self.

She should make his room attractive and home-like, for often a carefully chosen picture on the wall helps to arrest his attention and divert it into other channels; and exercise, of course, is essential, otherwise the pent up energy will spend itself in worry, irritability, quarrelsomeness, or destructiveness.

In order to help the patient, she should try to find out all the things that encourage him, and show him at once where he has succeeded. She should help the patient to help himself, so that he wants to do the things he ought to do, will want to think the way he should, will want to feel the way he used to feel.

She should not discuss the patient's illness or prospects in front of him, should be guarded in her speech; for some patients, if nervous and anxious, weigh every word they hear and frequently misinterpret it. Sometimes they cling to a chance observation of no significance which one happens to have made, and attach the greatest importance to it. If the nurse tries to pacify their anxiety by explaining the error, they imagine that from tenderness she is keeping the awful truth from them.

A nurse should never tell a patient that he is insane. Far better to ascribe his trouble to bodily defects or some disorder of the circulation that affects the brain, than to let him recognise that he is a lunatic and irresponsible. Nor is the word "*incurable*" to be used. Patients sometimes recover when one least expects it, and others get sufficiently well to be allowed a certain amount of liberty, though they will remain mental invalids for the rest of their life. We may think they are incurable, but we ought not to tell them so.

The mental nurse should never coerce a patient when she can persuade him. She should give him no chance of resistance. If she has studied her patient there will be no need for using force. She will notice the symptoms preceding the violence, and she will never keep things in sight of him which would suggest destruction. If she keeps everything of possible injury out of the room of a patient who is given that way, she will have no accidents. To prevent an impulsive outbreak of a patient is easier than to calm him when he is about to make an assault.

If the patient has confidence in the nurse, he will follow him or her where he would not follow others. I have seen a violent maniac resist for hours the united efforts of four or five

of the strongest men, and in a few minutes led away without disturbance by one person, whose only means of coercion were mildness, tact, and firmness.

Barred windows and closed doors are in most cases only necessary to save watchfulness. At Woodilee Asylum, Glasgow, in the Reception House for recent cases, there have been 15,000 patients without restraint. No day nurse has keys, ward doors are open all day, and the windows open night and day.

These are some of the main requirements of an "ideal" nurse. All of them can be put in one word—namely, "Psychotherapeutics." Just as some nurses learn massage or the application of electricity, so every man or woman qualifying as a mental nurse should have studied psychotherapeutics. This would bring about a revolution in our treatment of the insane.

If we had more such "ideal" nurses, less patients need be sent to asylums. It is to the advantage of the patient to associate as long as possible with healthy beings. In the asylum individual treatment is not possible, the patient cannot get out of his mental groove, and he is one of a mass of patients.

Asylums have been made brighter and more sanitary, and numerous other improvements have been made, but the recovery rate has remained about the same. What we want is a mental hospital staffed by highly cultured psychological nurses. This has yet to come. Meanwhile we can do privately a great deal, doctor and nurse helping one another to bring about the recovery of the patient.

The Prevention of Disease.

THE WAR AGAINST TUBERCULOSIS.

"Prevention is better than cure" is a maxim with which from our childhood we have been familiar. Curiously enough, it is only in comparatively recent years that it has been applied to the science from the exponents of which we might have supposed the maxim emanated, *i.e.*, medical science, and the treatment of disease.

Now, however, it is becoming a realisable ideal, and in no branch of medicine has greater progress been made than in the treatment of consumption, which is no longer regarded as a hereditary evil, which sounds the death-knell of the victim on its appearance, but, as a definite infection, curable if appropriately treated in time.

The irradicable hopefulness of the consumptive is now justified by scientific knowledge, by the recognition of the germ causing the evil,

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