

Nurses, a Vice-President of the Fever Nurses' Association, and a Sister attached to No. 1 City of London Hospital, Territorial Force Nursing Service. Her record of work is therefore both varied and honourable.

The Last Puzzle Prize.

A large number of our readers who have enjoyed competing for the monthly Puzzle Prizes will no doubt regret the discontinuance of these competitions. For the future there will be a five shilling prize every week, which we hope will prove most interesting to those who take the *BRITISH JOURNAL OF NURSING*, and thus support and spread its teaching for the *organisation of trained nursing into a legally constituted profession*.

This high aim, which our readers support, necessitates the consideration of serious matters, which not only affect nurses, but the welfare of the whole community, and requires a keen professional conscience. It also requires courage to stand consistently for duty, and resist the unethical policy of expediency by the adoption of which we so often find others preferred before us.

Together with serious professional matters it is well to associate something to stimulate personal interest. After all, we are only human, and cannot always be so strung up to concert pitch.

In our issue of January 14th, 1911, the first weekly five shilling prize will be paid to the writer of the first letter opened by the Editor naming the Novel of the Year, which has appeared in 1910, and which is named as the favourite by the largest number of competitors. The one coupon to be filled in, cut out, and forwarded to the Editor will appear in our issue of January 7th, 1911.

Welcome Help.

The President acknowledges with many thanks the following donations to the funds of the Society for the State Registration of Trained Nurses:—

The Defence of Nursing Standards Committee (per Mrs. Shuter), £3 10s.; Miss Forrest, £2; Steevens' Hospital Nurses' League (Dublin) (per Miss Kelly), £1 1s. 4d.; The League of St. John's House Nurses (per Miss M. Burr), £1 1s.; Ella, Lady Simeon, £1 1s.; Mrs. G. F. Wates, £1 1s.; Miss Elma Smith, 5s.; Miss Theodora Unwin, 5s.; Miss Trueman, 4s.; Miss Isabella Aytoun, 1s.

The Nursing of Hysteria and the Rest Cure.

NOTES OF A LECTURE BY DR. EDWIN BRAMWELL

Dr. Edwin Bramwell, on Wednesday, December 7th, lectured to trained nurses in the Royal Infirmary, Edinburgh, on "The Nursing of Hysteria and the Rest Cure."

Dr. Bramwell said that the nursing of such cases should be made a speciality, as knowledge above the average was required. Trained and certificated nurses had sometimes had no experience in nursing hysteria.

The prevalent idea of regarding a patient suffering from hysteria as malingering was to be deprecated, and the event often proved this to be incorrect.

Dr. Bramwell considered the subject under the following headings: The nature of hysteria; attitude of dealing with hysterical patients; qualities necessary and the importance of the nursing details; method of rest cure; treatment by mental therapeutics; relations of the nurse to the patient.

Hysteria had been commonly considered to be caused by an affection of the ovaries, but now it was known as a brain disease. Inherited hysteria might have its effects lessened by training a child in healthy open-air surroundings, by wise regulation of lessons, and by the avoidance of excitements and shocks.

Dr. Bramwell said that in major cases of hysteria the patient was self-conscious, self-absorbed, selfish, and a striking trait was lack of decision.

In severe hysteria the patient might become paralysed, have tremors, constant vomiting, and great loss of weight. Inability to move the limbs was apparently present. Hysteria was not malingering, and an hysterical patient must not be bullied; it was essential that the patient should have confidence in the nurse. The points to be remembered were: Firstly, gain the confidence of patients; secondly, let them know that they are suffering from actual disease, if not, one loses their confidence. It was not by bullying, but by persuasion, that a nurse succeeded with these cases. She should listen with sympathy, but only say things that would have a good effect, and at the right time.

The scope of the nurse could not be over-estimated, and her work played an important part in treatment. She should be a great help to the physician.

Dr. Bramwell said that on the first visit the physician made a complete examination of the patient; the reasons for this were two-

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