

fold. Pure hysteria might not be caused by any organic disease, but it was an aid in gaining the confidence of the patient when the case was thoroughly investigated, and it also gave the physician the knowledge he required. If the original cause were emotional, he considered if the primary cause still dominated the position, the patient's mode of life, nourishment, etc. If justified by this investigation, the physician informed the patient there was no reason why she (or he) should not recover, and many patients had been helped to recovery by a cheerful, kind, and persuasive manner.

In grave hysteria the Rest Cure (Weir-Mitchell), including the isolation of the patient, the withholding of letters, a diet consisting principally of milk, massage, and the application of mental therapeutics, should be employed. When the physician had examined the patient he explained to her the treatment he considered necessary. She must fully realise what a Rest Cure implied, as, unless she agreed to undergo it, it would be futile. She would ask how long this treatment must be continued. It was not wise to give any stated time as it might be necessary to exceed this. Six to ten weeks was an average time. If a patient desired to recover she had a much better chance of so doing. After admission to a Home the physician re-examined the patient and might find organic or valvular disease. Was he to inform the patient? In exceptional cases it might be unwise; generally it was best to be frank, as the patient might have already consulted a physician and knows her condition, in which event she would lose confidence in his present adviser. The diet should be milk at first—two to five pints in the 24 hours. The patient should be weighed weekly; the knowledge of an increase in weight was a help to a nervous patient. There was more than one reason for isolation; the patient had new surroundings, new faces, and the case had special attention; the absence of visitors gave her time to think and eliminated the chance of contradiction. Suggestions from outside might do considerable harm, and isolation prevented this possibility. Patients should never be asked about their symptoms; if they complained of headache or other ailments they should receive sympathy, and generally their nervous condition would improve.

The employment of drugs was of little value. Anæmia and constipation required attention. Sometimes a sleeping draught might be ordered, such as bromide of potassium, also other bromides and *asafoetida*; massage was most useful, and took the place of exercise; electricity was sometimes of value.

Dr. Bramwell, in conclusion, emphasised the

importance of impressing upon the patient that she would get well; tell her to blot out the past, to look to the future; sympathise with her general condition, as she improves all past troubles will disappear; tell her of increased weight; notice if her grasp is stronger; inspire, firstly, a wish to get well, and, secondly, a hope. The first few days were very trying. The patient might knit, crochet, or play patience, and may be allowed books. The greatest stress should be laid upon any improvement, and if possible the patient should be got to admit to a slight advance each day. If then a relapse occurred she should be informed that these will become less frequent as she becomes stronger, and impressed with the thought of how pleased and astonished the friends will be at any improvement. Hysteria would cause the patient to sulk and be unreasonable; an attitude difficult to deal with. If no notice were taken she would probably soon become amenable. On leaving the home she should receive strict injunctions regarding exercise and feeding, and be instructed to live the life of an ordinary individual. The nurse in cases of this kind must be sympathetic, firm, and tactful; tact was most important, and a sense of humour used at the right time was of great value. The nurse might reply, "We will ask the doctor." The work of the nurse was to drive in the nails which the physician had put in position.

THE TERRITORIAL FORCE NURSING SERVICE.

The annual meeting of the Grand Committee of the City and County of London Territorial Force Nursing Service was held on Tuesday at the Mansion House. The Lady Mayoress, Lady Vezey Strong, who has accepted office as Chairman, presided, and among those present was the Lord Mayor.

The annual report showed that excellent work had been achieved during the year, while the expenditure had been only £33. The service had sustained a serious loss through the death of Miss Isla Stewart, Matron of St. Bartholomew's Hospital, who had taken the warmest interest in its work. The kindly action of Queen Alexandra in presenting the badges of service to the enrolled nurses at Buckingham Palace last year had been greatly appreciated.

Lady Dimsdale was re-elected Vice-Chairman, and Miss Goodhue hon. secretary. Lady Burnett, Miss Crosby, and Mrs. Lancelot Dent were added to the Grand Committee, and Lady Faudel Phillips, Lady Hanson, the Hon. Mrs. Henniker, Mrs. Makins, Miss Amy Hughes, and Miss Finch elected on to the Executive Committee.

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