

The Importance of Relaxation in the Nursing of Nerve Cases.

A more general understanding of nervous difficulties, and a greater patience and greater wisdom in treating them, would indeed add to the happiness of many poor sufferers—known as “nerve cases.” In the general training a nurse receives there is little time and opportunity for the study of this particular branch of nursing, and it is therefore not surprising that a private nurse, meeting for the first time in her career a “nerve case,” is totally at a loss how to manage it. Either she has “no patience” with the sufferer or she expends sympathy indiscriminately. One often sees the most charming, cultured, and sensitive natures lose their nervous equilibrium through some great shock, trouble, over-work, or other nerve strain, with the result that nervous symptoms, such as insomnia, nervous pains, exaggeration, depression, loss of self-control, etc., naturally follow. These cases need to be taken seriously, though every manifestation of nervous instability need not be. It is quite useless to tell them there is “nothing the matter with them but nerves,” a word which they generally resent.

The importance of relaxation in the treatment of these disorders is delightfully dealt with by Miss Annie Payson Call in the various books she has written on the subject: “Power Through Repose,” “The Freedom of Life,” etc. “Relaxation,” she says, “is fundamental in nervous control.” This “control” is not what is commonly known as “self-control”—i.e., inhibition and self-suppression—but the natural workings of the will which depends on a normal state of nervous equilibrium. This habit of relaxation leads to the habit of concentrating attention on what is wanted, and is the foundation of control. Both relaxation and concentration are a necessity in the proper expenditure of physical and mental effort, and this is just where “nerve cases” find their chief difficulty. With them the habit of resisting impulses becomes generally so strong that all impulses are likely to be resisted—real as well as transient, normal as well as abnormal. The will becomes strained by trying to work in unnatural conditions, and the normal receptivity is lost for want of real rest.

This condition shows clearly that there has been less than the normal degree of relaxation, and the simplest way, Miss Call says, of restoring the balance is to induce a more complete relaxation until the depths of the nervous strain are reached. She has thought out a series of exercises which are meant to teach

the patient suffering from nervous tension to concentrate and relax. She shows us clearly the importance of deep and even breathing; how bad breathing causes bad circulation and strains the nervous system, whereas rhythmical breathing calms and steadies it. In teaching a nervous patient to breathe properly the best positions to practice are relaxed positions, and it is thus that breathing is best taught in connection with relaxation—the one is aided by the other. The life of the nervous patient being not the normal alternation of work and rest, but rather effort and collapse, it is necessary to show him how to control the expenditure of his nervous energy, and also the difference between activity and passivity. For this Miss Call gives us a series of passive movements which test the patient's powers of relaxing and increasing them. I have known a case of bad headache, due to a chronic muscular contraction and nervous rigidity at the top of the spine cured by these passive movements, which restored the physical elasticity and freed the nerves from their abnormal tension. This kind of nervous headache is a good illustration of the many unnatural habits of nervous persons. Has not the trouble, patience, and sympathy expended in the nursing of these cases its reward if nurses can learn to help them to recover their lost nervous control”? N. G. STRANGMAN.

The Sleeping Sickness.

Mr. E. M. Holmes, F.L.S., who read a paper on sleeping sickness before the Pharmaceutical Society recently, said that at a certain period of the year, during the cold months, the fly which conveys the disease was in the chrysalis stage, so that just before and after this period seemed the right time to attack it. The larvæ only entered the soil a short distance, or were deposited in the forks or at the roots of plants where dead foliage or *débris* collects, and a fire applied at the surface along the few yards to which the fly usually extends from the shore should destroy an immense number. Just outside this zone plants like tobacco and the Dalmatian insect powder plant might be grown, and utilised as soon as the flies appeared in numbers after the cold season. The flies had a dislike of any powerful odour, and the carrying of sulphur or camphor, or the use internally of small doses of copper and quassia, might be suggested, since copper was an excellent insecticide, and especially destructive of lower algal life. At the time of the last cholera epidemic in this country, it was noted that those who worked in copper escaped the disease.

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