

fit of depression, and whether it be his health, temper, or ideas, all are subject to great variation.

The author then proceeds to describe the effect of insufficient brain control on the ideas, feelings, and actions, and on the bodily organs. Every defect in the brain control will, he says, of necessity re-act in the organic sphere. Sometimes, even, the organic symptom becomes the essential phenomenon of the illness, and the psychical phenomenon takes a second place.

In such a case some particular organ is affected by this insufficiency; for instance, the stomach or intestines (nervous dyspepsia, enteritis), or a system such as the vascular, nervous, or muscular system. In every case the two first of these systems are more or less affected, and vaso-motor troubles and pains occur in every case of neurasthenia.

The organs of the senses are equally affected, and troubles of hearing and sight are the most frequent.

The author then proceeds to apply the facts he has detailed to the treatment of neurasthenic persons, and says that in a case of neurasthenia even the least prejudiced observer cannot but recognise in every symptom the undoubted existence of an insufficiency of control, and the truth of the saying that "every neurasthenic lacks control" must be admitted. He describes the causes and forms of neurasthenia, and the psychic symptoms, and mentions three principle types of want of control. (1) State of torpor; (2) state of over excitement; (3) state of tension. From this the author leads on to the necessity for concentration, and gives concentration exercises and the training of the will—the most important part of the training, for it is through the strength of his will that a neurasthenic person can recover the powers which he has lost. . . . As soon as the patient has got into the habit of using his will this becomes more or less automatic, and constitutes what we call "mental recovery." This is especially the case when he suffers from insufficiency of control.

The central idea of the treatment outlined is to secure the co-operation of the patient by showing him the aims of the physician.

There is plenty of food for thought in this unusual book, the price of which is 3s. 6d.

NURSES AND THE NATIONAL INSURANCE BILL.

As the interests of trained nurses are somewhat seriously concerned in the National Insurance Bill it is proposed to hold a meeting of nurses in London as soon after the Coronation as possible to discuss the matter.

Our Prize Competition.

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, London, W., for her article, printed below, on the following subject:—

MENTION SOME FORMS OF RESPIRATION THAT INDICATE SERIOUS CONDITIONS, AND DESCRIBE THEM.

The process of respiration, or breathing, is effected by means of the alternate enlargement and diminution of the cavity of the chest, and is mechanical in health.

The ordinary adult at rest breathes on an average 18 times per minute; during disease the number may increase to 100 per minute. Suspended respiration, or asphyxia, may terminate in death, owing to oxygen starvation, cessation of the heart's action, and consequent arrest of circulation.

Apoplexy.—We often get a sudden change of breathing, convulsion, or a fit, with deep, slow, noisy, or snoring respirations with unconsciousness. Redness of face may end in coma and death.

Concussion of brain, extreme pallor, and slow, noisy breathing, unconsciousness, vomiting, or diabetic coma with noisy respirations.

Asthma is a spasmodic disorder of the air passages, violent breathlessness, gasps for breath, and grasps at near objects to assist breathing. These patients are liable to bronchitis, which may prove fatal. The disease itself does not shorten life.

Angina Pectoris, Sudden Cramp, Heart Spasm.—Breathing is impeded, and intense pain lasts about a minute; any attack may prove fatal.

Croup is very alarming and sudden in children. There is indrawing of the breath, gasping and noisy crowing respirations. Membranous croup (diphtheria) is most dangerous, and attacks adults as well as children. The poison causes spasm, inflammation of the larynx, and, as the obstruction increases, there is a sucking in of the diaphragm in the effort to get breath. Diphtheria is now usually treated with antitoxin. If the condition becomes urgent tracheotomy may be performed.

Pneumonia.—Owing to high fever and inflammation of the lungs the breathing is rapid, distressing, and difficult, and the face may be grey or even cyanosed, or in a very grave condition Cheyne-Stokes breathing, owing to extreme exhaustion, may be present, and is recognised by suspended respirations, long pauses, and a gasp; the breathing continues shallow and quickened.

In Stokes-Adams disease, or Bradycardia,

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