

places are as depressing as a town), before he returns to work.

The obvious drawback to such a course of treatment is that it is expensive, but unfortunately it is the only method that is of any real value, and the case of the neurasthenic who cannot afford it is really a very difficult one. Drugs by themselves are of very little value: sometimes we can make a person eat by tonics, and sleep with bromides, but the worst cases do not react to these, and failing charitable intervention, the sufferers are very prone to drift until a breakdown, resulting in some form of insanity, occurs. And this is very often the best thing that can happen. The insane person is often quite happy, the neurasthenic miserable, and while the State is powerless to prevent insanity, it takes care that the subsequent stable is most comfortable, and the door tightly shut. Some day I suppose that the man in the street, whose opinion ultimately rules everything, will see that it is more economical to prevent insanity than to seclude its victims.

I have often wondered that it has not struck the mind of some multi-millionaire of philanthropic instincts to build at the seaside somewhere, or among the hills, a rest cure house for those who cannot afford the nursing home. The good that he would thereby do is incalculable.

One has to realise that what a neurasthenic craves for is anæsthesia of some kind or other. To the poor the cheapest anæsthetic is alcohol, and that is generally why they take it, and not because they are possessed of the devil. Some people—and they are the fortunate ones—find anæsthesia in one or other of the more definitely denominational forms of religion, and often save themselves a breakdown thereby, and this is one reason, to my mind, why any attempt by the State or the so-called "march of intellect" (whatever this may mean) to manufacture an "undenominational" variety of religious education is mistaken. Such a creed is a very poor anæsthetic.

But we are, after all, beginning at the wrong end in talking of the treatment of neurasthenia at all. It is true that we cannot prevent those cases in which a shock, or severe illness, has been the cause of the breakdown, but these as a rule are not the most difficult to deal with. Can we do nothing to prevent the gradual wearing out of the brain cells that occurs in the cases of less sudden origin?

Generally it is not the people who work hard that break down so much as those who do not know how to work. And this is really a

question of education. Too many schools aim rather at teaching a child so many facts, when they ought really to be showing him how to acquire knowledge for himself, and this, again, often means that what he wants to learn is how much he can safely leave out as unimportant. The successful man is he who never troubles about the useless, and he has no "nerves." Much can be done, however, by teaching a person who is inclined to neurasthenia how to concentrate his attention on the subject on which he is for the moment engaged to the exclusion of all others, and this can be done by practice.

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH A CASE OF
SUSPENDED ANIMATION AFTER SUBMERSION IN
WATER?

We have pleasure in awarding the prize this week to Miss Amy Phipps, North Side, Clapham Common, S.W.

PRIZE PAPER.

In treating a patient suffering from the effect of submersion it is essential that all efforts be directed to counteract the shock which is always present, it seeming as though the whole nervous system were for the time paralysed. The doctor should be summoned immediately. Pending his arrival, the mouth should be cleared of mud, &c., and artificial respiration should be persevered in, with the various methods of which every nurse is acquainted. In some instances massage or electricity is employed; and brandy or strychnine may be ordered to be injected hypodermically. As soon as possible the wet clothes should be removed, and should be replaced by hot blankets, and hot bottles or hot bricks should be applied. When consciousness is restored, hot milk or strong coffee may be given.

The patient should be kept at perfect rest and quiet in a darkened room. The character of respiration and pulse should be noted, the latter being the chief guide as to the amount of shock present. Any sudden noise must be carefully avoided.

The temperature will probably be subnormal at first, but in a favourable case will rise shortly, as reaction sets in.

The bowels should be induced to act as soon as possible, such a drug as calomel being beneficial, having usually a speedy effect; any motion, urine, or vomit passed should be saved

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