

The diagnosis is so complicated and often so difficult that it can hardly be profitably discussed here. The only case in which a nurse may have to make a diagnosis for herself is when she is confronted with a hysterical fit, and here the main point to remember is to turn out all the relatives and bystanders, and then do—absolutely nothing. Even if the attack is really epileptic or apoplectic, nothing can profitably be done during the fit itself, and no harm can result except, perhaps, some biting of the tongue—which is not a very vital matter, and if one attempts to prevent a hysterical patient biting her tongue, one makes the fit very much worse. In the words of an overworked and exasperated house physician whose rest was disturbed by a newly elected and somewhat officious night sister, "Let her fit."

The treatment of hysteria is, however, another matter, and one may clear the ground somewhat by saying that it is primarily essential to avoid anything by which attention is directed towards the affected part. Thus in pelvic hysteria especially, the less one does the better, and I am afraid that in the past meddling gynaecology has rather a long train of wrecks to its credit. Local treatment usually makes the patient very much worse, for directly one "ailment" is cured, another springs up, and the result is seven devils instead of the original one.

The next point is to go further, and direct the patient's attention away from the affected part. Very often this alone suffices. Thus I have known a case in which an invitation to a dance—this being a rare occurrence—by causing the patient to devote her whole attention to the fashioning of raiment worthy of the occasion, completely cured a hysterical paralysis of one arm.

Then it is most important that the patient should not imagine that the physician or nurse thinks her to be shamming or able to help her troubles. Should this occur, both their efforts will be unavailing, and the condition will get worse instead of better. At the same time, the patient should be encouraged to do things—preferably not immediately connected with the affected part—which she regards at first as impossible.

The next point is to train the will as much as possible. The keynote of the morbid self-consciousness of many hysterical people is that they think that they are of no use in the world, and never can be. It is generally advisable to send the patient away from her home to a hospital or nursing home, but the latter requires very careful selection. It is essential that every nurse with whom the patient comes in contact

shall be thoroughly trained and experienced, and if there is one consummation devoutly to be wished (by the physician), it is that it should be illegal for any private nursing home to employ any but fully trained and registered nurses. It is grossly unfair to the nurse herself to accept anyone for training as a "probationer" in a nursing home, and it is also quite impossible for her to be of much use in the treatment of a hysterical patient. A good nurse is often of more use than the doctor, because the patient generally thinks her to be more sympathetic, and she is certainly often more ready to suffer neurotics gladly.

The electric battery is often very useful. A sudden application of a rather strong current will often cure a paralysis, or restore lost sensation with great rapidity. In a certain hospital—not in this country—the "bath of surprise" used to be credited with miraculous cures. The patient was invited to walk quite unsuspectingly along a corridor below which was a concealed tank of cold water, into which she was suddenly precipitated by the giving way of a trap door in the floor.

In the graver manifestations of hysteria there can be no doubt that hypnotism is most useful, but the subject is rather too large to be discussed here.

The ordinary "rest cure"—*i.e.*, seclusion, massage, and over-feeding—is sometimes, though in my view rarely, useful; though it is often our sheet anchor in neurasthenia, I have repeatedly seen it do positive harm in pure hysteria. One would generally much rather prescribe a "work cure." When hysteria co-exists with neurasthenia, however, it is as well to cure the latter first by rest. In persistent hysterical vomiting, seclusion and artificial feeding with the stomach tube are necessary.

Drugs are probably almost useless in themselves, but it often happens that their administration is necessary in order to assist the confidence of the patient in the physician. Valerian, and also asafœtida, are frequently prescribed.

Hysteria is often completely cured by childbirth, but the danger of the transmission of a neurotic taint to the offspring must be borne in mind. A childless marriage very frequently aggravates the hysterical tendency. The best thing is a profession or an engrossing hobby.

WELCOME HELP.

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