

## NURSING "NERVOUS" PATIENTS.

BY MILDRED LUCIE SPACKMAN.

By nervous patients I mean those with highly strung nervous temperaments, or suffering from nervous breakdown. "Nervousness," in the medical sense, must not be confounded with timidity, or mental cases.

The nurse who is most successful with nervous patients is she who possesses a nervous imaginative temperament, well under control. She must be extremely tactful, sympathetic, and adaptable. Mr. Stephen Paget suggests that a doctor is much improved, from his patients' point of view, if he has to undergo a severe operation, or has a serious illness, at the beginning of his medical career; this (though it sounds unkind) is perhaps also true of the nurse. She would understand—to her patient's benefit—the minor worries of invalidism, and remember that an invalid's point of view is often out of perspective. The nurse must always keep her mind open to fresh impressions, remember that no two people are alike, and that no two patients can be treated exactly in the same way. Above all, she must take care of her own health, and never let her thoughts dwell on the patient when away from her.

It is unfortunate that there is a widespread idea that sympathy is bad for nerve patients, and that they do not deserve it. Nothing could be more erroneous. "Sympathy" is not synonymous with "pity," neither is it sympathetic to tell a patient how ill she looks, or otherwise encourage her sensations of ill-health. Sympathy, in the true sense of the word, will enable the nurse to comprehend the patient's feelings, win her confidence, and thus be able to help her. It is always possible that a patient's nerves are upset by a secret trouble, though she may pretend some other cause. Nervous patients are usually over-sensitive, and the nurse should be very careful to avoid snappiness, however "trying" the patient may be. The patient probably finds her equally "trying," and is suffering more. A patient who has been snapped at may refrain from expressing any emotion (which does not imply that she is not affected by it) for the remainder of her illness, and will certainly never confide in her nurse, or respect her. Too much self-control is sometimes as bad as too little.

Nervous terror of the most ordinary incidents is a frequent symptom in nerve cases, especially after a long illness or bad attack of influenza. Many patients—often the worst

cases—do not talk of these feelings, through pride, or fear of being thought silly, or even insane. If the nurse suspects the existence of these feelings, it is perhaps kinder for her apparently to ignore them. She can help the patient without alluding to it. She might speak casually of a "case she once had" where the patient suffered from nervous terrors, and who forgot them as she recovered. And if the patient is "nervous" of speaking to people, the nurse could—momentarily—take the lead in the conversation when a visitor comes in, and gradually efface herself. In time the patient will rely on her, and cease to be conscious of her nervousness. With any form of nervous terrors, if the patient has confidence in, and reliance on, her nurse, it will be easier for her to regain her normal condition than if she had not that confidence and reliance. This is especially the case if the patient is inclined to give way, or does not recognise the sensations as abnormal, and know what is normal.

Some patients implore the nurse not to leave them alone with the doctor; others prefer the nurse to be absent during the medical interview. The patient's wish should always be studied in this matter, and if she expresses none the nurse should leave patient and doctor together, without appearing to have made a point of doing so.

Nervous patients require more rest than others, and the nurse must see that it is undisturbed. She must not go into the sick-room after the patient is made comfortable for the night, unless for any important reason. The very fact of expecting the visit would keep many people awake, and if the patient had fallen asleep, there is always the risk of waking her, and thus causing a bad night. Some patients wake up at one or two in the morning, and find it impossible to sleep again. A glass of hot milk often remedies this, and it could be put in a vacuum flask on the bedside table the night before, so that the patient can help herself at whatever hour she awakes. Rest during the day is equally essential. A patient who feels wretched and unstrung is generally much better after an hour or two's absolute quiet with an interesting novel, or, if tired as well, a long sleep. Nervous patients should cultivate the art of lying quietly and restfully when unable to sleep.

Many patients dislike being asked how they are and how they have slept immediately the nurse enters the room in the morning. Great tact is often required in asking any questions at all, and if the patient can be induced to give

[previous page](#)

[next page](#)