

instance, nurses caring for a neurosis case would say that the patient was becoming "mental"; he supposed they meant that he was in the transition stage.

In nervous cases the exercise of will control on the part of the patient was still possible. Neurasthenia was a recognisable disease. In psychothenia the nervous tissues were in a state of exhaustion, irritability, and over strain. Nothing was more clear than that derangements of the intestinal tract caused nervous symptoms. A symptom of delicacy was the phenomenon of phobias. Thus a person was afraid of a close space, or to cross an open space.

Then there was the well-known group described as hysteria. Most nurses thought that hysteria meant that the patient was shamming. That was quite a mistake. There were well marked signs.

It was important to remember the signs which distinguished each group because scientific treatment and nursing on the right lines depended on their recognition.

Again, the three groups must be distinguished from insanity. The doctor knew the symptoms. Nurses generally called a patient "mental" because he was tiresome.

The basis of these conditions was a physical one, in connection with the brain. Nurses forgot that there was a brain in the patient, and did not think about the illness in the terms of the brain but of conduct.

In connection with the nursing of nervous cases nurses had often the opportunity of combating drug habits. Nervous patients, on account of the lassitude they experienced, were very liable to drug themselves. Aspirin was a stock drug in most houses and phenacetin was used regardlessly as also was veronal. These three drugs should be put in the same category as opium. Their abuse was a crying evil at the present time.

Alcohol was poison to neurasthenics who resorted to it very easily; they should avoid it. The exception was in some cases of cardiac neurasthenia, where a little brandy in water was the only thing to stop the distressing symptoms.

Another thing nurses could do was to prevent unfortunate people from resorting to the black art. People by the thousand were wasting their money and nervous energy on clairvoyance and crystal gazing. They had the opportunity of saving a certain number of brains from destruction from this cause.

The chairman said his personal experience was that nurses were sinners in regard to drug taking. He had more patients from among nurses from this cause than from any other class.

THE MENTAL DEFICIENCY ACT.

Dr. R. Langdon Down, Physician to the National Association for the Welfare of the Feeble Minded, who presented the next paper, said that with the passing of the Mental Deficiency Act a new era had begun in regard to the mentally deficient.

The Board of Control was the supreme authority under the Act, and both on this Board and on all the bodies concerned in the administration of the Act women were included. (The Board of Control consists of twelve paid and three unpaid Commissioners, and at least one paid and one unpaid Commissioner must be a woman.) The Lunacy Commissioners cease to exist; the paid Commissioners are transferred to the Board of Control.

Dr. Langdon Down explained that County Councils or Borough Councils which were the Local Authorities must appoint Local Control Committees for the care of defectives, some of whom must be women. The classes dealt with were idiots, imbeciles, feeble-minded persons and moral imbeciles.

Defectives could be placed under guardianship if idiots or imbeciles of any age by parents or guardians, or by parents if they belonged to the two other classes, up to the age of twenty-one. Moral imbeciles, if not detected early in school life, were sure to come under the law sooner or later. Those over the age of twenty-one were reduced in number owing to many having come under control in the earlier stages.

The public did not welcome the officials of public bodies coming into their houses, and telling them how to deal with their children. Probably voluntary helpers might be more welcome.

There was no doubt that the administration of the Act would call for the work of Nurses.

FEVER.

Dr. E. W. Goodall, Medical Superintendent, Eastern Hospital, Homerton, presided at the second afternoon session, when Dr. Knyvett Gordon read the paper on "Asepsis in Fever Nursing," published in our preceding issues. Dr. Gordon's articles in this journal have led nurses to receive anything written or spoken by him with attention and respect, and at the conclusion of his lecture various questions were presented for his solution. Would it be safe to nurse small-pox in one bed and scarlet fever in the next? In district work how far is it safe to nurse a case of erysipelas with other cases? Is the latest idea that the infection of scarlet fever is conveyed by dead skin; this always seemed so unlikely?

Mr. Harold Spender, formerly a manager under the M.A.B. for 8 or 9 years said that his experience had led him to the conclusion that the conditions of work should be different. No profession could be more easily organised or hold up society more readily than nurses if they chose. A defect in the fever nursing system was the default in security of tenure. Numbers of nurses were taken on in the autumn and dismissed in the spring. It was true they might have what was termed "long leave without pay," but it did not suit all nurses to be liable to be recalled at the pleasure of the Board, while it had no obligations to them. The result on the Service was bad, as in the autumn they had to engage fresh nurses at short notice. A linking up of the voluntary Services was wanted,

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