

Officers, the number of requisitionists was raised to one hundred. Under the proposed new Bye-Laws, 1917, one hundred members, and, in addition, one-fourth of the Members of the Council must sign the requisition, which Your Petitioners submit renders the whole provision open to the gravest doubt of its equity and good faith.

16. At the Special General Meeting of the Members of the Royal British Nurses' Association held in London on January 18th ult., "to consider the proposed Amalgamation of the College of Nursing, Limited, with the Association," the Hon. Medical Secretary, Mr. Herbert Paterson, stated "the conditions (other than those which it has been possible to incorporate in the Bye-Laws) on which we agreed to the principle of amalgamation, have been embodied in a letter signed by Mr. Stanley and Sir Cooper Perry. Strictly speaking, it is not a legal document, but I am sure we may say that, in the circumstances, it is at any rate of equal, if, indeed, not of greater value to us than a formal document, signed, sealed, and delivered."

Your Petitioners submit that this letter should have been read to the meeting; that the aforesaid persons have no right to keep the conditions under which a vital change in the constitution of the Association is to be made, from the members of the Association. An application from a member for a copy of the above letter having been refused by the Executive Committee of the Royal British Nurses' Association, Your Petitioners have no remedy but to enter a most earnest protest against such secrecy, and to plead that the contents of the letter should be divulged, so that its provisions shall not be thrust upon the members without their knowledge and consent.

AND YOUR PETITIONERS WILL EVER PRAY.

Signed on behalf of the Society for the State Registration of Trained Nurses.

ETHEL G. FENWICK,

President.

431, OXFORD STREET, LONDON, W. 1.
March 21st, 1917.

FUTURE ACTION.

We hope that a full report of the proceedings which have taken place between His Majesty's Privy Council and the Governing Body of the Royal British Nurses' Association will appear in the next issue of its official organ, *The Nurses' Journal*. The members have a right to this information.

"CAPTIVITIS."

Professor Ch. Julliard, of Geneva (*Rev. méd. de la Suisse Romande*, July, 1917), describes a peculiar mental state observed in prisoners of war, quoted in the *British Medical Journal*. The Germans call it "barbed wire psychosis." During an inspection of seriously wounded men in France by the Swiss repatriation committee he saw a case which presented close analogies to accidents in workmen. This suggested to him that under the influence of captivity a mental state might be produced similar to that described by Brissaud. For this condition he proposes the term "captivitis." The patient was an Austrian civilian prisoner, aged about 40, who was under treatment in a military hospital for various symptoms. He had been examined several times by the committee, which arrived at no definite decision. The man, who kept his bed, complained of vague pains in the chest, with difficulty of breathing and headache. His urine was loaded with phosphates. The pains, which flitted about from one region to another, were of a nature likely to induce the committee to recognize the case as one suitable for repatriation. A minute examination, confirmed by the careful and prolonged observation of the doctor under whose care he was, showed no objective lesion except slight chronic bronchitis and emphysema. The man was extremely voluble in the endeavour to persuade the committee of the gravity of his condition. Repatriation was a fixed idea. A true psychosis could be excluded. Julliard, however, thought the diagnosis of simulation might be put aside, as, in spite of all that seemed to suggest it, the man struck him as being in good faith. On the other hand, auto-suggestion was evident. As in labour accidents, the origin of the mental state was an erroneous idea of compensation. This notion was kept up, as in accident cases, by the careful treatment given him and repeated examinations by a number of doctors. As no decision was come to, recovery was delayed for months, and no treatment was of use. Repatriation could not be advised, as the committee was convinced that the so-called disease would disappear with the cessation of the captivity. Nor could there be any question of punishment, as there was no simulation. Continuance of treatment would merely fix the false idea more deeply in the man's mind. The only solution of the problem seems to be to remove all hope by informing him that he was not considered a case justifying repatriation. Julliard suggests the presence in such cases of a kind of "mental foreign body," a fixed idea, producing certain psychical reactions.

[previous page](#)

[next page](#)