

more insidious forms of the disease that *observation* is so important, as tending to put us on our guard against the possible evils that may accrue from neglect of precautions.

A restless eye, a furtive or wandering glance, rambling talk, a hurried, nervous action of the hands, snatching things from you, as it were, instead of *taking* them; an apparent unconcern about her surroundings; she seems in a sort of dreamland; often cares not for anyone about her, and seems to have lost all interest in and all love for her infant. Distrustful of all, she suspects a sort of conspiracy of harm in her own house, and will flee from us all. She weeps bitterly or laughs immoderately without any assignable cause. These emotions of grief and joy mark very often the character of the coming attack.

I have just mentioned the influence of disease over expression, and this remark holds good in sickness alike in the *sleeping* as in the *waking* hours of our patients, and they who are much with the sick—especially when aggregated as in Hospitals—know how often and how surely the shadow of death rests on a slumbering face. Watch then the sleeping sick. What is sleep? The *rest* of the busy brain, and the calm profound slumber of health alone restores it. In cases of puerperal dementia, the wearied worried brain gets no real *rest*, and troubled dreams and restless gestures mark its exhaustion. Pay attention to this matter of sleep in all cases; not only ask your patient if she has slept, but *how*? Pay diligent heed to the answer, for the "dream" may become a waking reality. "I dreamed," said a poor young patient to me when I called to see her, "that I was wandering about in a strange place, trying to find a well to put my baby down" (she was a country woman); "I was *so tired* carrying her!" The fact was she had got up in her sleep, and with her infant in her arms was trying to escape from the house, but happily frustrated in her attempt and led back to bed. She had no recollection of even having left it—it was a dream!

There is one matter I must touch upon before leaving this subject, that as Obstetric Nurses will sometimes come under your notice—*inebriation*. You must not confound the effects of intemperance that show themselves during lying-in with *puerperal mania*. The delirium of drink must be treated as such, and though the woman is ill she recovers. It is surprising what stratagems these unfortunates resort to to get stimulants, and how reticent they are on the subject. The first case of the kind that came under my notice puzzled and concerned me not a little. The patient had a good time, and I did not notice anything unusual about her then; when I visited her next day she was another woman. Her face was furiously red, her

eyes heavy, her utterance thick, her talk rambling, her pulse thumping away at the rate of one hundred and over. I asked the woman who was with her what it all meant, and was informed Mrs. Jones had hidden a bottle of brandy in her bed, and partaken far from wisely of its seductive contents during the night. The contraband had to be confiscated, the woman watched, and all further supplies prohibited. The Doctor had to be called in, and the patient was very bad, but got well. She laid all the trouble to having had a *tablespoonful* of brandy in her gruel!

(To be continued.)

NURSING ECHOES.

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THERE was a good attendance of Members at the Second Sessional Meeting of the British Nurses' Association, held last Friday evening, at 20, Hanover Square. Dr. Octavius Sturges took the chair punctually at eight o'clock. The minutes of the previous meeting having been read and confirmed, the chairman called upon Miss Wood for her paper.



MISS WOOD, in choosing the subject of Nursing as a profession for women, said that she wished to divide her subject into two parts, dealing first with the word *profession* and then *woman*. The lecturer argued that the word *profession* implied a complete knowledge of the subject professed, hence that no woman should style herself a professed Nurse until she had thoroughly mastered all the intricacies of the Nurse's work. In referring to the subjects necessary for study, and the practical curriculum of a Trained Nurse, the lecturer pointed out that these could not be acquired in a year's rush through the wards of a Hospital, and yet that without that knowledge no Nurse could be properly equipped to nurse responsible cases in private work. Miss Wood pointed out that the present state of training in the profession, taken as a whole, was unsystematic and unorganized, and that many of the failures in nursing must be attributed not to the individual, but the system.

In handling the second part of the subject,

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