

Another cure based on superstition was to tie an insane person to a church pillar or to a tree, where the priest, whilst flagellation or whipping the patient was being carried out, at the same time ordered the Devil to leave. Whipping or fustigation was a method of punishment approved by the saints and most grateful to them. It was believed the Devil became jealous of this method, which was thus adopted to exorcise him. Sometimes the patient would be tied to holy crosses and kept there all night, during which time prayers and incantations were uttered by the priests. In the morning the patients were well and would then be restored to liberty.

The healing power of stones was a great superstition among the ancients. The stones would be left with the sick person until healed, or placed in water for them to wash in. Some stones cured lameness, probably due to rheumatism, whilst others cured discharges, and others madness.

A "mad-stone," apparently a meteorite, was regarded as possessing healing powers, and there was one in Kentucky, U.S.A., and another in Carmarthen, both noted for this virtue. Superstition further extended to the use of precious stones. Many "holed" stones are known in Cornwall, Wales and Ireland to pass a limb or children through. An opal was, and still is, considered to be unlucky, because it is the eye-stone (ops). For this reason the wearer of this stone was often suspected of being a spy in the house. A ruby was an antidote to poison and also preserved the mind from evil thoughts. The diamond implied innocence, but it also indicated a strength of purpose which could not be subdued. The blue sapphire represented constancy. A pearl indicated a tear and suggested sorrow, whilst the amethyst meant joy, as it preserved inviolate the affection of the loved one. The amethyst also protected the wearer against intoxication, and drinking cups were made of it to act as a preventive charm against over-indulgence.

The "royal touch," from the time of Edward the Confessor almost to our own time, was superstitiously believed to possess healing virtues, owing to the belief in the divinity of kings. Dr. Samuel Johnson was touched by Queen Anne, and Charles II is said to have touched over 100,000 sick persons. The hope of recovery helped to raise the weakened resistance of those afflicted, demonstrating the influence of the mind on the body, which, as we know, is not a superstition. The fundamental maxim in psychology is that pleasurable sensations tend to raise all the vital functions, whilst painful sensations have the opposite effect.

Lastly, apparitions and spectral illusions easily led to superstitions about ghosts, which would give rise to curiosity and demanded an explanation. Illusions such as the spectre of the Brocken could be explained by atmospheric conditions. As we know, ghosts occur mostly in solitary places and always at night, and these facts alone should cast suspicion on their reality. The more closely that inquiries are made to interpret the phenomena of Nature, and the more impartially that investigations are carried out to interpret them, the less support there is for any superstition concerning them and the less magic is found in them. We know to-day how frequent in bodily disorder are functional mental disturbances. Illusions, dreams and hallucinations occur in fever and after such poisons as alcohol—which can give rise to acute illusions and delirium—belladonna, henbane, opium, cannabis indica and tobacco. In remote times these would be explained as a possession by the supernatural, to-day they are natural physiological effects.

Superstition is based upon ignorance, and the more cultured and civilised a people becomes the less is the tendency to ascribe the actions of daily life to supernatural agencies.

DEBATE.

"SHOULD NURSES IN HOSPITAL LIVE IN OR OUT?"

February 4th, 1930.

On February 4th there was an animated debate at 39, Portland Place, on the subject: "Should Nurses in Hospital Live In or Out?"

The Chair was taken by the President, Mrs. Bedford Fenwick, who introduced Miss A. M. Bushby to the meeting, and called upon her to open the debate.

Miss Bushby supports Living-In.

Miss Bushby said:—

"I most emphatically say that probationers and nurses in training should live in—it is best for the nurses and for the management of the hospital. The Nurses' Home should, if possible, be a separate building and of easy access to the hospital. I can speak from experience, as at one time during my Matronship the Nurses' Home was a mile from the hospital and it was most difficult in bad weather, as the trams and buses in the early morning were always full, and the Nurses got sometimes very wet on their way to hospital; also, in case of illness, they had to be fetched in an ambulance, besides which, living out was very expensive in regard to administration. The bus or tram fare was a penny and at the end of the year it cost the hospital nearly £100 for fares only.

The Nurses' Home should be so constructed that the night nurses' rooms are shut off. Every nurse should have a room to herself; enough bathrooms and a shampoo room should be provided with a constant supply of hot water. There should also be a sitting-room and quiet-room, which should be comfortable without being extravagant; and should the Committee and Matron approve, a room that nurses could smoke in. I always found when nurses were allowed to smoke very few did so, and one had no trouble about smoking in the bedrooms. Further, there should be a sick room for slight illnesses and, above all, the most important thing, is a suitable Home Sister—she ought to be a very special woman, one who could be approached by the probationers and could help them and see to any slight ailment, and at the same time be able to keep discipline. The whole atmosphere of the home should be happy and, as far as possible, a home to the nurses. Much unhappiness in hospitals has been caused by having the wrong woman to look after the nurses. Matron can only receive reports and cannot be everywhere, and it is just as well that she can't be. Rules should be few and those kept to the letter.

Probationers do not realize the benefits they receive by living in. They are housed, and (I sincerely hope under the very best conditions) rooms are kept clean; washing provided, also uniform, and above all there is no trouble about food, it is provided and cooked and served. When the nurses get up in the early hours a hot breakfast awaits them and there is no getting wet in bad weather and having to change as soon as they get to hospital, or going on duty without breakfast, having got up too late.

Matron's point of view is that she knows her lams are safely in at 10 p.m. and are well looked after; if they were living out they might be off to dances, etc., and be up half the night and quite unfit for work the next day.

Should staff nurses and sisters live out is quite a different story; but it is a matter of £ s. d. I feel at the present time most of the staffs of our general hospitals would still prefer to live in. In the crowded districts of London it would be a great problem where they could find suitable rooms, such as the East End of London. Nevertheless, I feel in the future some extension will have to be made to meet the demands of the present rising generation who

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