

MEDICAL SCIENCE AND THE HUMAN SOUL. THE SYMPTOMS AND PRACTICAL NURSING TREATMENT OF CHOREA.

WHAT JUNG HAS TAUGHT THE WORLD.

BY A MEDICAL PSYCHOLOGIST.

The series of lecture-discussions which Professor C. G. Jung, the famous Swiss philosopher, is conducting at the Institute of Medical Psychology, is an event of high importance in the world of science and medicine. His conversations with leading medical men of the day are of profound interest to every thinking person.

Medico-scientific phraseology is often remote and mysterious to the lay mind. Professor Jung's addresses have as their basis "Fundamental Conceptions of Psychology," but for ordinary understanding, "The Soul and Medical Science" would perhaps provide a more lucid title. For it is upon the *spiritual factor* as an element in human experience that he will concentrate, expounding the results of his latest investigations in this field.

That burning interest in psychiatry which has carried Jung to his present position began to develop 40 years ago. And in the first phases of his experimental work he laid bare the mechanism of "repression."

Word-association was the line of research he was following in those early days at the Burgholzli mental hospital in Zurich. He observed that at certain test-words the responses of the patients he was examining became disturbed and irregular. It was from this clue that he established the existence of the emotional "knot" or conflict-point which we now know as a "complex."

An infinite range of causes, Jung proved, entered into the general problem of such complexes—a bad fright in childhood, a distressing love experience, and other forms of extreme sorrow.

To Jung, psychology without a soul always seemed an anachronism; and to prove his theories he journeyed to Central Africa to live among primitive peoples. He had long since come to the conclusion that the unconscious influences in civilised man were, in their mode of functioning, closely akin to the mentality of savage peoples lacking developed reasoning powers.

Camped for several months in 1926 among the primitive Elgoni tribe in Kenya, Jung observed the nature of primitive mentality, both in its objective features among the natives and in the European members of the party. The material gathered amply justified his theories. The primitive in man, the least conscious elements nearest to the "soul," formed the starting point for all psychological exploration.

In practice, Jung's methods consist in coming to terms with the unconscious in a variety of ways. Dream analysis he regards as of supreme importance, for dreams are an expression of the hidden and unconscious in ourselves.

There are other forms in which the unconscious factors of human make-up can be released for observation. For example, imaginative fantasy can be encouraged by drawing, modelling, or other creative means in which free play of the unconscious can emerge. These manifestations are then analysed and treated in much the same way as dreams.

The day has at last come when the unconscious processes of the mind have become accessible to scientific approach.

BY MISS WINIFRED MOSS.

Chorea or St. Vitus Dance as it is popularly called, is very closely connected with acute rheumatism and rheumatic heart disease, and it is most important that its early manifestations should not be overlooked and unheeded, as serious heart complications may ensue.

The disease may begin slowly, the child is restless, drops and spills things and soon the movements become more jerky and irregular. The child is excitable, never still, grimaces, laughs and cries easily. There may be hesitancy in speech, or the words are all mixed up together, or in more advanced cases the child does not speak at all. Chorea varies in degree from slight twitchings to movements so violent as to render keeping the patient in bed a difficult matter.

The practical nursing treatment is most important, drugs are of very little value and on good nursing mainly depends the steady progress and the prevention of complications which may be so serious.

Absolute quiet is essential, if possible the patient should be nursed in a separate room or at least in a corner of the ward screened off from the other patients. Noise should be reduced to a minimum and especially sudden noises such as banging of doors and loud voices. The nurse should be one who can be very quiet and realise the danger of abrupt jerky movements.

No visitors should be allowed; the patient should see no one except the nurses to whom he is accustomed. Sleep is important but the movements which occur during sleep may disturb it. A warm sponge may be found helpful in inducing sleep.

The patient's clothing should be woollen and should fasten where he cannot undo it, buttons and ties, if possible, being eliminated in favour of a one combination garment. He should be nursed on a bed which does not creak and if the movements are violent the sides of the bed may be padded. Only one low pillow or no pillow at all should be used to avoid unnecessary strain on the heart. The bed should be well protected by mackintoshes in case of incontinence and a small soft blanket should be next to the patient, as with tendency to throw off the bedclothes the risk of a chill is increased.

The diet should be as nourishing and liberal as possible and the utmost care and patience is essential in feeding. The food should be broken up into very small pieces and only small quantities given at a time as there is a tendency to bolt the food and swallow without mastication. Feeding should be regular and slow and care taken that the mouth is not injured during the jerky movements. Metal or enamel utensils should be used for drinking as the patient may bite a piece out of a glass or china cup.

The bowels should be kept active by aperients if necessary and the urine measured daily and tested for albumen. The patient should be placed on a bed pan at regular times and supported there by the nurse, and thus regular habits will be encouraged and a serious cause of irritation to these patients avoided.

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