Nursing in Nervous Disease, particularly in Hysteria. *By Guy Hinsdale, M.D.* . .

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NURSING IN NERVOUS DISEASE, PARTICULARLY IN HYSTERIA.[1]

BY GUY HINSDALE, M.D.,

Assistant Physician to the Orthopædic Hospital and Infirmary for Nervous Diseases; Physician to Out-Patients, Presbyterian Hospital; Lecturer on Climatology in the University of Pennsylvania, Philadelphia.

THE term nervous disease covers a very wide range of affections: the case of *apoplexy* with its rapidly fatal course or the slow, lingering, partial recovery with the paralytic arm or leg; the *epileptic* spasm that may be the forerunner of a series of convulsions which render a nurse or an attendant necessary to the safety of the subject; the sufferer from *neuralgia* in its various forms, where the slightest exertion will set the facial or sciatic nerve throbbing with pain; the ataxic or spastic paralytic, whose form of locomotion is impaired and whose sufferings it is almost impossible to relieve for any length of time; finally, the hysterical and insane, whose erratic mental condition requires the highest quality of medical art to deal with, and for whom often far more can be done by the good judgment, tact, patience, and properly-directed kindness of a nurse than by all the medicines in the drug-shop.

It is this last class of affections, particularly the hysterical, that I wish to call your attention to this evening.

The supply of good nurses in nervous disease is not equal to the demand; the ranks are constantly being depleted by various causes. Those who have nursed a patient after a surgical operation, be it cœliotomy or amputation, will find very much the same thing required in a second case of cœliotomy or amputation; but no matter how many cases of hysteria you may have to deal with, every one will be found different and will call for very different treatment. At any rate, the successful nurse as well as the successful physician will never undertake to adopt routine methods in such cases. The moment the patient discovers that she is being put through a routine system without consideration for individual needs and peculiarities, from that time she loses faith in the medical director.

The most successful plan of treating these cases is by a combination of various agencies, which were first grouped together and applied simultaneously to the treatment of neurasthenics by Dr. S. Weir Mitchell of this city. Indeed, the plan of treatment is usually known in this country and in Europe by his name. It is sometimes charged against the system that

[1] Delivered before the class of nurses in training at the Presbyterian Hospital, Philadelphia.

FIG. 1.—Appearance of a nervous patient before commencing treatment.

FIG. 2.—Appearance of the same patient after complete recovery was established.

it consists of routine, but, although the various agencies may be continued in use from one to two or even, in exceptional cases, three months, it is the personal influence, tact, and maintenance of authority founded on a thorough appreciation of the various and often deceptive features of the case that make the line of treatment the farthest degree removed from routine method. If it has failed in the hands of many of those who have undertaken it, the lack of success has not been due, as a rule, to the fact that the physical agencies have not been properly applied; these can be reduced to a more or less constant element of practice; they conform pretty closely to the written page; it is that unwritten, inexpressible personality that avails.

This is the field for the exercise of what is sometimes spoken of as "will power," and it is in this class of cases that occur those extraordinary instances of "faith cure" and which offer a field for the so-called "Christian scientists."

The general treatment of a typical case of hysteria will involve a great deal of time and money. Hysteria is usually seen in women from fifteen to fifty years of age, although these limits may be exceeded, and in exceptional cases hysteria may be observed in boys and men.

Specialists in nervous disease are usually consulted after the hysterical condition has been well established. The history is usually somewhat as follows:

The patient has perhaps undergone a season of trial or has encountered some prolonged strain. Perhaps it has been in nursing a relative during months of anxiety. She has denied herself air, food, and refreshment of mind; she becomes thin and pale; has a poor appetite; is easily wearied, and finds a refuge finally on the sofa or bed.

Aches and pains develop and sleep is poor. By this time unwise medication may have added to the trouble and actual dyspepsia or constipation may have to be contended with. It will be a mistake for you to conclude, because the diagnosis of hysteria has been made, that the affections which are apparent in the patient are, after all, imaginary. This is by no means true. There are actual disorders; there may be even a true paralysis as well as a false paralysis of hysteria. Most of the real affections that hysterical patients suffer from are the results of misdirected treatment. An effort should be made to raise the standard of health generally, to revolutionize the entire manner of life, and give the patient the opportunity of making a fresh start on a different plane.

Without discussing the causes that have brought the patient to bed, whether it may have been overstudy, devotion to society, disappointment in love, bereavement, or the care of the household,—whatever the cause is, you will find that they have usually exhausted the resources of many physicians, worn out various nurses, or overtaxed in their selfishness the various members of their unfortunate families.

Instead of being ennobled by sickness they become self-centred, and lose that control of their emotions and wants, that regard for others which

it is the duty of every one to observe in this world. In the typical case the invalid has become a tyrant surrounded by a group of slaves. It often happens that hysterical invalids complain greatly of a sensitive spine. Exertion is therefore considered to be harmful. Reading may be given up because the eyes are weak, and others have to read to her. The light finally is painful, and the invalid's room has to be darkened. That I may not seem extravagant I will quote what Dr. Mitchell says of these cases: "A draught of air is supposed to do harm, and the doors and windows are closed, and the ingenuity of kindness is taxed to imagine new sources of like trouble, until at last, as I have seen more than once, the window cracks are stuffed with cotton, the chimney is stopped, and even the keyhole is guarded. It is easy to see where all this leads to: the nurse falls ill, and a new victim is found. I have seen an hysterical, anæmic girl kill in this way three generations of nurses. If you tell the patient she is basely selfish, she is probably amazed and wonders at your cruelty. To cure such a case you must alter as well as physically amend, and nothing else will answer. The first step needful is to break up the companionship, and to substitute the firm kindness of a well-trained nurse."

The patient should be carefully examined for the existence of any organic disease. In certain instances, such as advanced Bright's disease or in tubercular conditions, malignant disease, or in the case of true melancholia, the rest treatment is unadvisable.

Cardiac affections or stomach disorders are, as a rule, incidentally relieved.

The essential features of the treatment are,—

I. Seclusion.
II. Certain forms of diet.
III. Rest in bed.
IV. Massage (or manipulation).
V. Electricity.

It is the combination of these five measures that brings success.

I.—SECLUSION.

Not only is it obviously impossible to treat these cases in a general hospital ward, but it is not desirable to undertake the treatment of hysteria within the patient's home, no matter how remote and quiet a room may be proposed and no matter how strict a quarantine may be promised by members of the family. It is against the whole spirit and plan of treatment. Home connections must be severed for the time being; the interests of family, the accustomed sounds, anxiety for the comfort of others, petty annoyances, had better be left hundreds of miles behind. The patient must consent to be placed under a new authority as implicitly as the soldier who leaves home and business behind and obeys the order to halt, or march, with perfect confidence in his general's ability to direct and unquestioning loyalty even in the darkest hours.

Seclusion is a feature of the treatment which a patient at first often

FIG. 3.—Patient's appearance before treatment was commenced.

FIG. 4.—Same patient after complete recovery.

objects to strenuously, but which she herself will after a while admit is essential to success.

Seclusion does not mean, by any means, solitary confinement, nor should a room be chosen that is so dark or unattractive as to give the slightest ground for calling it a prison. It should be sunny, especially in autumn and winter, which, by the way, is the better portion of the year to conduct the treatment.

The patient requires the entire time of one nurse. As previously stated, she should be a well-trained hired nurse. She ought to be a stranger to the patient, "a young, active, quick-witted woman, capable of firmly but gently controlling her patient. She ought to be intelligent, able to interest her patient, to read, and to write letters. The more of these cases she has seen and nursed, the easier becomes the task of the doctor. It is always to be borne in mind that most of these patients are over-sensitive, refined, and educated women, for whom the clumsiness, or want of neatness, or bad manners, or immodesty of a nurse may be a sore and steadily-increasing trial. To be more or less isolated for two months in a room with one constant attendant, however good, is hard enough for any one to endure; and certain quite small faults or defects in a nurse may make her a serious impediment to the treatment, because no mere technical training will dispense, any more in the nurse than in the physician, with those finer natural qualifications which make her training available. But one nurse will suit one patient and not another, so that I never hesitate to change my nurse if she does not fit the case." These are Dr. Mitchell's words, and certainly no one is better qualified to speak.

The daily visit from the doctor in charge brings with it encouragement, strength, perhaps a firm but gentle remonstrance, but never argument with the patient. The nurse makes a note of all directions given, and shows the physician the schedule which is her guide in the performance of the duties of the day. If any omissions or irregularities have occurred, it is her duty to report upon them at that time, not, however, in the presence of the patient.

At another hour there is a visit from a physician who administers electricity, and at another hour there is a visit from the masseuse. Thus there are by day no long intervals in which the patient can grow lonely.

II.—CERTAIN FORMS OF DIET.

Early in the morning, on waking, there is given a glass of milk or cocoa, in some cases coffee. The patient is sponged after this, usually every day, but in some cases, where it seems to be fatiguing, only three times a week. Milk is not only the chief but for the first fortnight the only article of diet. It is given in small quantities at frequent intervals, and according to the plan of Dr. Karell, of St. Petersburg.

The milk is kept with the greatest care in clean vessels. It is used skimmed, and is better if obtained from the cow twice a day. At first the

skimming should be thorough, and it is therefore not desirable to have the rich milk of the Alderney cow.

At first the amount given is not over four ounces every two hours. The amount taken may be increased, but the interval may not be lengthened beyond three hours. The last glass of milk should be given at bedtime, and if the patient be wakeful a glass may be left beside the bed, covered, so that it may be taken at night if awake. It may be administered either warm or cold.

In taking milk the patient does not drain the glass in a few draughts, but sips it in mouthfuls. Sometimes a trifle of tea or coffee or caramel is used to flavor it if the taste is seriously objected to. But they are abandoned later. Lime-water may be used if acidity ensues. Sometimes a little barley-water or rice-water may be given with advantage. The patient, and I may add the nurse, need not be disappointed if there should be a slight loss of weight at first. Patients have been weighed while undergoing treatment, but of course this is not practicable, as a rule.

Sleepiness may be present during the first week or two after the new aspect of the treatment has worn off. Constipation usually has to be treated with a gentle laxative. The frequent passage of urine must also be expected and need not excite comment by the nurse. For constipation, a quarter of a grain of aloes and two grains of dried ox-gall may be given in a pill at night. The amount of milk taken in a day will run up from two to four quarts. After the tenth day malt is also given before meals. Johann Hoff's is advised, and the quantity should be from two to four ounces.

Many persons eat little because of the fatigue of feeding. If there is no exertion and the patient is fed by the nurse, much larger quantities than usual may be taken.

At the close of the first week of treatment, a pound of raw beef made into a soup may be given in addition to the milk. It is make by chopping up one pound of raw beef and placing it in a bottle with one pint of water and five drops of strong hydrochloric acid. This mixture stands all night, and in the morning the bottle is set in a pan of water at 110° F. and kept two hours at about this temperature. Strain through a stout cloth and squeeze the mass till nearly dry. The resulting fluid is given in three portions daily. If the taste be objected to, the meat may be roasted a trifle on one side.

Alcohol is generally not essential excepting as found in the malt prescribed.

Iron is given to the anæmic in the form of subcarbonate of iron or lactate of iron in doses of four to six grains. Sometimes five grains of pyrophosphate of iron may be added to the malt and it is not recognized by the patient.

When the patient begins to sit up, strychnine may be added with iron and arsenic.

FIG. 5.—Appearance before treatment was instituted.

FIG. 6.—Appearance of the same patient after full recovery.

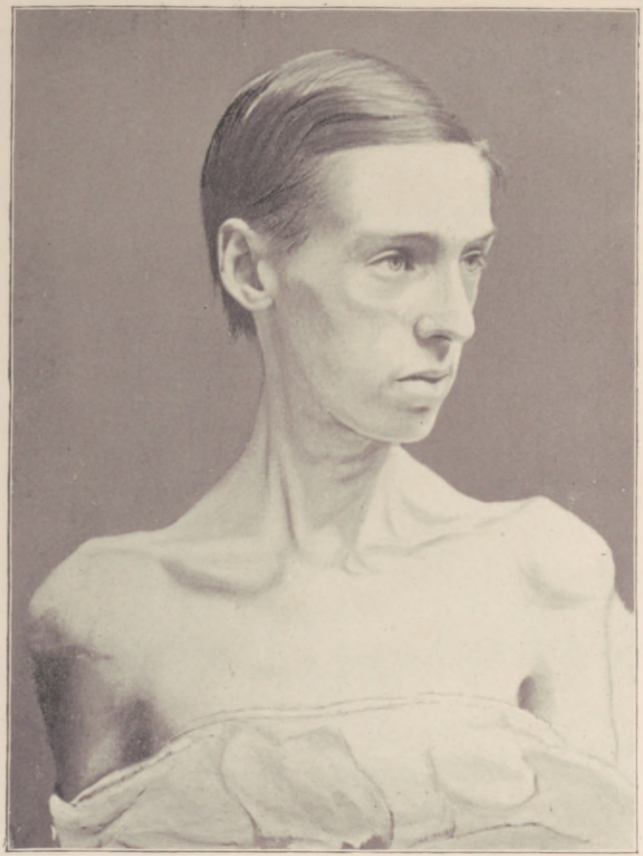

FIG. 7.—Condition before treatment.

FIG. 8.—After complete recovery.

III.—REST IN BED.

This will seem somewhat strange to those who have been accustomed to go about the house although in a languid manner. It will be far better also for invalids who recline on sofas and yet have not cared to relinquish all opportunity of seeing friends and hearing of the outer world. By going to bed in earnest and under no pretext walking about the room,—not even sitting up, and in some cases not even feeding herself,—the patient realizes that a new era has begun in her life history. The result is that she appreciates highly the opportunity to feed herself when the permission is given, perhaps after a fortnight or more of denial. At the end of a month or so she sits up a few minutes each day; the time is lengthened; at the end of two months perhaps she is allowed to sit in a chair. Every added privilege is appreciated as never before; liberty never seemed such a boon. It is like the hunger of a convalescent from typhoid fever. The whole aim in life, if you have maintained the case successfully, is now to occupy a sphere that before seemed impossible to attain, and with timely assurance you will have the satisfaction of seeing the patient launched upon the world made over anew. I am not drawing on my imagination or magnifying the results attained. They are matters of actual experience. I have witnessed the most extraordinary cures of what had been given up as hopeless invalids, and it is in these cases that so-called miracles are wrought.

But how is the bodily health maintained during this period of enforced rest and excessive feeding? This brings us to the fourth and fifth divisions already incidentally alluded to.

IV.—MASSAGE.

Massage is instituted to establish and maintain a good circulation; to secure nourishment of all the tissues; to prevent coldness of the extremities, and to insure a certain amount of passive exercise each day to compensate for the loss of opportunity for voluntary movement. This occupies an hour. It should not be given sooner than an hour after a meal, and should be followed by from one-half to one hour of quiet. There is one point that should be mentioned in regard to massage as well as electricity, and that is that during a menstrual period they should be administered only to the extremities. In some cases massage has given rise to uterine hemorrhage, and the possibility of this should be recognized.

Massage usually becomes more agreeable as the patient has more experience of it. Even the tender spines and sensitive abdomens can be gradually rubbed until these abnormal conditions disappear and are forgotten.

Massage is kept up for six weeks at least, and then the manipulator should spend awhile in exercising the limbs according to the Swedish system. A few movements of extension and flexion, at first assisted, then unassisted, and finally active movements gently resisted by the nurse are added, and by the seventh week massage is given only on alternate days.

V.—ELECTRICITY.

Electricity accomplishes somewhat the same result as does massage, but is more deep in its effect.

The battery for this purpose should be a faradic battery which is provided with a slow interrupter, automatic in its movement, as in the larger faradic battery of Flemming.

The disks of the electrodes should be circular, about one inch and a quarter to an inch and a half in diameter, and covered neatly with absorbent cotton, which should be renewed at frequent intervals. As in the case of massage, the operator should follow a centripetal method. The poles moistened with hot water, which need not contain salt, are placed about four inches apart upon the muscles in turn, beginning with the feet, legs, and thighs, and are moved about so as to move groups of muscles and individual muscles. Care must be taken to avoid placing the electrode over bony prominences, such as the shinbone, but always over a cushion of muscle. Tendons will, of course, give no reaction to the current, but the electrodes when properly placed cause a gentle muscular contraction unattended with pain. By being familiar with the so-called "motor points," the most advantageous positions for moving the muscles may be recognized and much time saved.

After the legs, the muscles of the abdomen, back, and loins are taken systematically, then those of the chest and arms. The neck and head are not touched. It is immaterial with regard to the position of the positive and negative pole; but the primary current is probably the better to employ. After the various muscles are treated so as to give four or five contractions to each, the battery is adjusted for the rapid interruption, and a flat electrode about two and a half by three inches is placed under the neck, and one of the ordinary disks is held at the sole of one of the feet. At the end of seven minutes the other foot is brought into the circuit, fifteen minutes being shared between the two feet.

It will be found that the bodily temperature will be raised from three-quarters to one degree Fahrenheit, and the muscles will grow stronger and rounder as the treatment progresses. In very nervous persons it is safe to begin *very cautiously*. Many have been shocked by electricity at various times, and have a dread of it. It is advisable to start by using electrodes disconnected with the battery, then gradually an imperceptible current, perhaps waiting an entire day before giving any current whatever. A thorough knowledge of the construction and operation of a battery, as well as of the anatomy of the surface of the body, is essential, for difficulties will arise in the best of hands, and when the current stops or goes with sudden starts, or hurts, or the electrodes chill, or the process fatigues, the value of the treatment is largely lost. Of all the elements in the treatment electricity may best be spared. It is decidedly best to intrust it to a physician. I do not advise a nurse to try it unless specially trained. I do

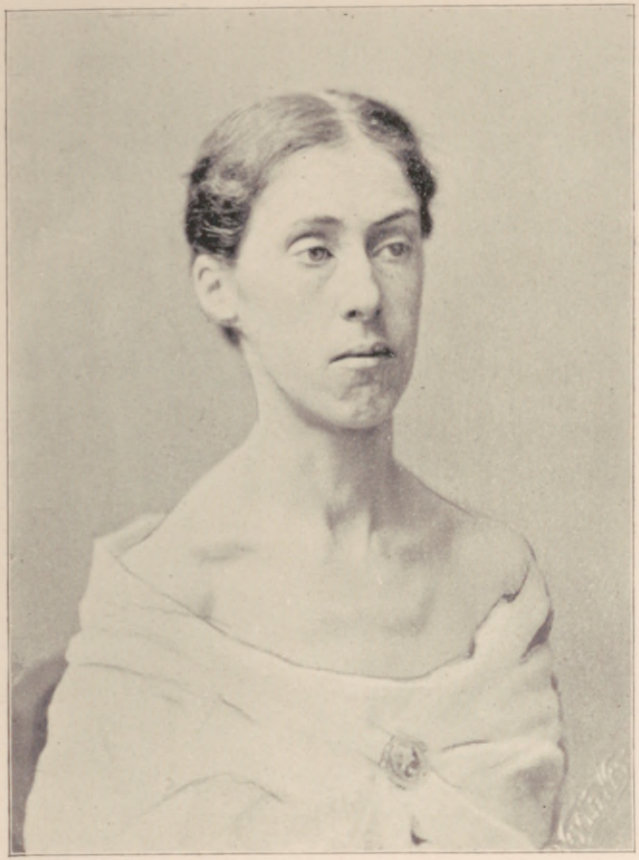

FIG. 9.—Appearance of patient before treatment was commenced.

FIG. 10.—Appearance of same patient after full recovery.

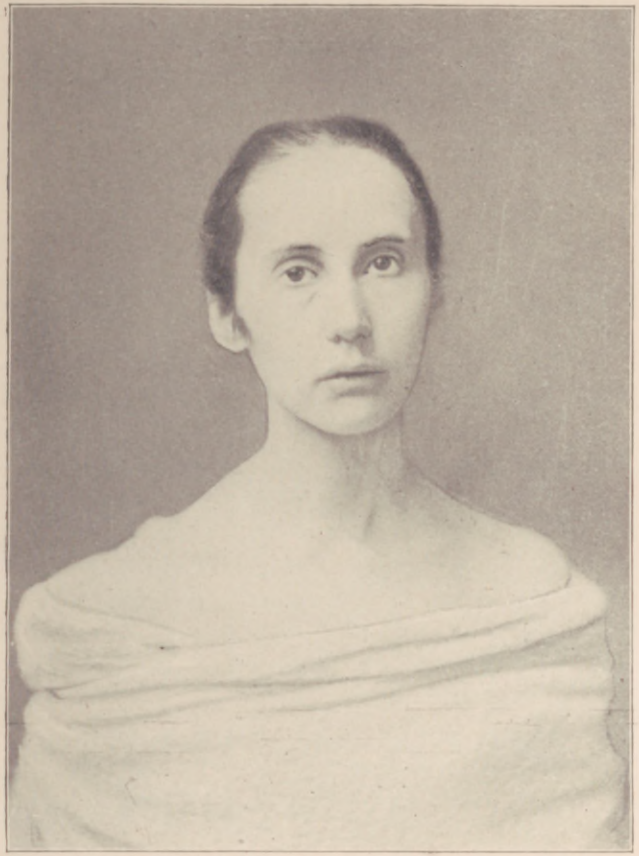

FIG. 11.—A nervous patient previous to treatment.

FIG. 12.—The same patient after full recovery.

not mean to say that there are not many other kinds of cases where a nurse can safely use it, but the difficulties that arise in these cases are great and must be promptly met, for it would be humiliating to acknowledge ignorance or defeat.

The difficulties that arise in using a battery are:

1. In the fluid. This grows weak after ten or twelve hours of use, and the battery gives notice by working irregularly.

2. In the liability of the zinc to come in actual contact with the carbons instead of hanging freely between them.

3. In the connections between the battery and the coil of wire in the interior of the battery.

4. The liability of the various metallic bearings and connections to become corroded by the acid.

5. In a defect in the silk-covered cords so that no current passes through them.

6. In not noticing that the connecting cords have become loosened from their proper attachments. This is very liable to occur, and must be watched.

7. In keeping the absorbent cotton wet enough to moisten the skin, but not so as to drip over the patient.

To illustrate the great advantages of the rest treatment I will show you photographs of six patients treated in this way; the changes are striking, but hardly more so than in a case now about to be discharged from the Infirmary for Nervous Diseases. The patient is a girl of fourteen, whose life was without doubt saved by these general measures and without the use of any special medication.

Mamie L. was admitted to Dr. Weir Mitchell's ward on November 20, 1891; a well-marked case of hysterical starvation. She had excited a great deal of interest in the town in which she lived, and was apparently near the grave. She was absolutely without appetite, would scarcely speak, and was a mere bundle of skin and bones, weighing forty pounds.

She was placed on complete rest in bed, gentle massage, milk diet, and an occasional laxative. House diet was soon added. In ten days she was allowed to sit up in bed; at the end of two weeks she ate of her own accord; in four weeks she commenced sitting up one hour out of bed, and there was no fatigue; in five and a half weeks she was allowed to be up and walk at will. Her appetite and digestion were good, and her bowels were usually regular, although she required an occasional laxative. Her body was much better nourished, and on the thirty-fourth day she showed a gain of thirty-two and a half pounds; on the day of her discharge, January 14, she showed marked improvement; she was bright, obedient, and willing, and she had gained in weight thirty-nine pounds.

On May 9 she was readmitted in somewhat a similar condition, and after forty days of treatment upon the same lines as before she was discharged much improved.

On August 22, 1892, she was admitted for the third time to the Infirmary, with all her symptoms repeated and at a weight of sixty-two and a half pounds. She was put to bed and placed on the usual house diet, with the addition of eight ounces of milk at and between meals. She was given massage, but, as before, electricity was not given. Her record is as follows:

August 22.—Weight sixty-two and a half pounds.

August 29.—Weight seventy-two pounds.

September 9.—Weight seventy-nine and a half pounds.

September 11.—Allowed to sit up half an hour and increase ten minutes daily.

September 16.—Weight eighty-one and a half pounds.

September 30.—Weight ninety-eight and a half pounds.

October 18.—Weight one hundred and ten pounds.

October 30.—Weight one hundred and seventeen and a half pounds.

The patient's gain is thus fifty-five pounds in sixty-nine days, and her weight is nearly three times what it was a year ago. We sincerely trust that, since her body has been raised to such a high plane of nourishment, her mind and brain will preserve their normal powers, and forbid in the future any such hysterical demonstrations as we have seen in this remarkable case.

FRACTURE OF THE SKULL BY CONTRE-COUP: IS IT POSSIBLE?[1]

BY J. E. THOMPSON, M.B., B.S. LOND., F.R.C.S. ENG.,

Professor of Surgery, University of Texas.

THE object of this paper is to investigate this important question and to place it in its true scientific position. For a fracture to occur by contre-coup the bone must be broken not at the point which receives the blow, but at a point directly opposite. Thus, considering the skull as a sphere, a blow received on one pole would produce a fracture at the opposite pole. A blow received on the occipital region would produce a fracture of the opposite pole. A blow received on the occipital region would produce a fracture of the frontal region. Similarly, a blow received on the parietal region would produce a fracture on the parietal region directly opposite the point struck. Now, it is to this interpretation, and this alone, that I allow the expression of fracture by contre-coup. If the skull consisted of a

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[1] An address delivered before the Galveston Medical Society.