

"allow them to adjust themselves to the increasing heat, till, finally
 "at the end of two weeks' training, they were able to sit, move about,
 "and even take light exercise without much discomfort or any injurious effect
 "whatever in a temperature of 180 degrees—only 32 degrees below the boiling
 "point. Shadrach, Meshach and Abednego in the fiery furnace were almost
 "equalled. The secret of their resistance of course was water. . . . during
 "their final 'salamander' test they gulped down nearly a gallon an hour."

The moral is plain. A plentiful and readily accessible supply of pure cold water and "Give Nature a free hand to make free use of all she needs of the greatest cooler and cleanser in the wide world—H₂O. It sounds so easy, and the common sense is so obvious, and yet as Dr. Hutchinson also points out, we are up against the traditions of the past—especially is this so here in India. Who has not met the mother who says "Oh but he can't drink cold water when he has the fever, or he will get a chill?" in fact water—inside or outside—is taboo for a sick man. How many mothers realise the baby is thirsty and its little body clamouring to make up that waste resultant on evaporation. She thinks it is just the hot weather which makes it restless. True a great deal of the water in India is unfit to drink and is a source of infection, but with the help of what Dr. Hutchinson calls the white magic of sanitary science, we ought in time to be able to lay these ghosts of tradition.

This is one picture which our subject of "Drink Water" conjures up—the perfect working order of our cooling machine. There is another when our drink water is insufficient to counteract the deficiency caused by this excessive evaporation which goes on willy nilly, and we have a dried up and prematurely aged body with insufficient fluid to carry on its normal health activities only partially flushed kidneys—constipated colon and generally parched tissues. Small wonder then our hospitals get flooded with those who are ill simply because they do not know the value of pure cold water.

CONTRIBUTED ARTICLES.

MENTAL NURSING IN PRIVATE PRACTICE.

In this short article a full discussion of the subject of mental nursing is impossible. It is only intended to give a few hints as to the care of such patients as can be advantageously treated in private or become insane in the course of an acute illness. In most cases of insanity special treatment in a mental hospital is much to be preferred. In India the distances are so great that an acute case may recover almost as soon as arrangements can be made for its admission to the nearest asylum.

A nurse selected for a mental case should be tall and strong, if possible; maniacs, until they know the nurse, have an uncanny way of trying to take advantage of a short person. She should be cheerful and patient; a nervous woman is quite useless. A neurotic temperament possessed of physical

courage will sometimes make a very clever mental nurse, but without what is commonly known as 'nerve' little influence or control is likely to be had over the patient.

The ordinary Indian bungalow is very ill-adapted for the care of mental cases unless ample skilled assistance can be had. It is too much overlooked and has too many doors of exit. A suicidal or dangerous patient should never be allowed out of sight of nurse or attendant. By suicidal is not meant merely a tendency to self-murder but all attempts at self-injury, from whatever motive they arise. In like manner a "dangerous" patient may be perfectly manageable by a single tactful nurse but if irritated unsafe with others. The room selected for the patient should be large and airy covered with soft mats if the patient is restless or violent. If in the hot weather, doors must be opened but should be secured on the outside by a wooden lattice, all to be securely fastened except one for entrance and exit. That should be left open, as far as possible, as all obvious and mechanical restraint should be avoided as far as possible. A bath with plenty of hot and cold water laid on is a most desirable addition when it can be obtained. Otherwise hot tubs must be substituted with plenty of water, and are best removed from the bathroom when not in use. No bolt must be allowed on the inside of the bathroom door, and unless permission to the contrary has been obtained from the doctor, the nurse must herself bathe the patient. A careful search must be made for all implements, scissors, knives, razors, etc., and the nurse herself should count and remove from the room all knives and forks used for meals. It may be even undesirable to allow hair-pins, and hat-pins can be very dangerous weapons. A scarf is quite sufficient to cause death by strangulation or hanging, especially as mental patients usually in a lowered condition of vitality succumb more quickly to asphyxia than healthy persons.

In the matter of hot or cold baths definite instructions should be obtained from the medical attendant. Prolonged hot baths are very soothing and are sometimes administered continuously for weeks together with advantage, meals being given to the patient in the bath. Cold water, on the other hand, on account of its depressant effect, is a powerful sedative, and for the same reason in weakly subjects, may be dangerous on account of shock. Hot water must be carefully tested; a feeble dement might die in hot water from shock at a temperature that would do no harm to a healthy person. In excitements, too, there is often hyperæsthesia of the skin, rendering almost all handling painful and accompanied by increased susceptibility to cold and heat. Any unprotected tanks or wells in the compound ought to be properly secured and a fence erected in any specially dangerous neighbourhood, as near a level railway crossing. A native house if free from dangerous stairs might be easily rendered suitable for the treatment of a purdah patient, and these at the present are always kept at home. Mud floors and walls are fairly soft to fall on and windows too high up to be easily broken or fallen from. The purdah patient's room should be on the ground floor, as cool and airy as possible, and there should be a good courtyard for exercise. Sleeping in the

open air is often beneficial. Melancholics require very careful watching; specially if educated and capable of concealing their own mental suffering. They are generally constipated in habit, with little or no appetite and a furred tongue. Complete rest in bed, especially at first, is usually prescribed, and if the patient is thin and ill-nourished a complete Weir-Mitchell regime may be required. Milk diet is the most suitable, and if the patient refuses food must be fed at regular intervals. Patience, firmness and tact will obviate the use of the tube in many cases, which should always be the last resource and only under medical orders. In this country or when travelling a nurse may be required to give the feeds, but if a doctor is near he usually does it himself. A restive, violent patient requires the assistance of three persons to administer a feed quickly and without exhaustion to the patient from struggling. A suitable screw gag, bound with tape is inserted in the left side of the mouth, false teeth being removed if it has not been previously done (these patients can seldom be trusted with false teeth for fear of choking). The patient should be placed in bed on her back, and the gag given to the charge of an assistant, who may require to sit across the knees, just above, not immediately on them, to prevent kicking. The head should be steadied by another assistant and the feed held and the funnel filled by a third. A couple of eggs beaten up in a pint of milk make the usual feed. Stimulants are sometimes added or it can be peptonized. A large tube about 18 inches long should be fitted on to a funnel, and moistened by dipping into the feed, passed well to the back of the pharynx. If the patient struggles wait till obliged to take breath and then pass quickly onwards. The funnel must be kept full to prevent the entry of air and the feeding regulated by clipping the tube. The same procedure will suffice for washing out the stomach in case of poison by the simple procedure of lowering the funnel over the side of the bed, but a better arrangement is to have a waste tube led into a basin beside attached to the stomach tube by a T-shaped glass tube.

Enormous quantities of food are sometimes given in cases of acute mania when there is much exhaustion, twelve to fifteen eggs in the day with milk, administered in three hourly doses. Loss of weight is a bad sign in most mental cases, and the patient should be weighed at intervals, after a period of rest. Walking in the open air up to four hours daily will be required, some light employment, cheerful literature, parlour games, cards and music, and the patient should be assisted to reacquire self-control and hopefulness by appeal to religion and right principals.

In acute mania the patient is often in a condition of severe bodily illness. Puerperal mania is one of the most common forms and most frequently met with in private practice. It is frequently associated with puerperal fever and may be caused by sepsis. There are all degrees of the disease, from a little temporary excitement at the birth of the child to severe cases prolonged for many months. Most recover but relapses are frequent and the patient may eventually become demented and incurable. An almost invariable symptom of this complaint is a complete alteration of the natural affections.

The child will be regarded with dislike, and must never be left within reach of the patient. This unnatural antipathy will probably extend to the husband and other friends and relations. The patient may become dirty, vicious and obscene in her language, suicidal and horribly inventive in methods of self-injury. Such a case may require a straight jacket, but the doctor's permission must be obtained before applying it. It is composed of a stout canvas jacket buttoned up to the chin, long sleeves extending below the fingers and furnished with tapes or straps. The ends of these can be fastened to either sides of the bed or into a stout waist-belt which may require to be locked. If hot baths are allowed these may be given, if otherwise, hot or cold sponging. Enemata and purgatives will be required, and antiseptic vaginal douching. Retention of urine should be carefully guarded against and the danger of struggling with a patient with a full bladder remembered. A nervous continuous fever may persist in the absence of sepsis or the patient may quickly recover from all physical symptoms, the mental trouble remaining.

Delivery of an insane person is often rapid and easy, but unusual care must be taken to prevent the mother's injuring the child at birth. It is better to get it removed immediately from her sight and to attend to it in another room. Senile mania often follows apoplectic fits; it may be only temporary or persistent and end in dementia. Great care must be taken to prevent falls and fractures, especially of the upper end of the femur. These patients are best in bed and only got up for an hour or two daily for a walk in the open air. Hot baths are generally useful, but heart disease is often present and medical orders should be definitely obtained in each case.

In dementia, senile or otherwise, the patient recurs to the mental condition of an infant or idiot. They are unhealthy, dirty and very prone to accidents from lowered vitality. Hæmatomata may occur spontaneously and the nurse be unjustly blamed for rough handling. The patient should have a soft bed and pillow. If bed-ridden a water bed should be procured. If the patient has no control over the functions and is able to get up, a daily morning enema may save much trouble to the nurse and others. Bedsores will form very easily when the patient is laid up, and handling should be very gentle, as the patient may have friable bones and is usually but little sensitive to pain. Sitting in front of the fire may scorch and stain the limbs even through thick clothes without any discomfort to the patient.

The feeding of a dement requires careful supervision. They may exhibit a morbid appetite for filth or unwholesome things, and are sometimes very greedy and will bolt food at the risk of choking. In choking the patient is sometimes pale and not black in the face, and no time must be lost in putting the finger well down the throat to remove an impacted bolus of food in this condition. Great care and patience are required in feeding a patient when very feeble. Food easily gets into the larynx and failing to excite the natural healthy reflex of coughing may set up septic pneumonia. The bladder must be carefully watched, frequently a difficult matter; cystitis and pyelitis may supervene even with very careful nursing.

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