

relations one to the other, or as to the meaning of your presence.

An important point in the management of the insane is never to manifest fear of a patient. If you have any such, you should carefully conceal it in his presence. Lunatics are very quick to detect evidences of such weakness, and to take advantage of it whilst for one who, though always kind is cool and self-possessed, showing no signs of timidity, they have a very wholesome respect.

It is a common characteristic of insanity to show itself most prominently in an entire change of the natural feelings and affections. Those whom a man has loved and trusted most dearly, whilst he was in good health, are the very ones towards whom he shows the greatest dislike and distrust when his reason is overthrown. This peculiarity forms one of the strongest reasons for sending insane patients to asylums, because continued contact with relatives or friends who have become objects of suspicion or dislike is not conducive to recovery. If a patient is to be treated at home, the physician should make it a condition that his friends shall abstain from seeing him, and the wisdom of withholding from his sight all those who might excite or irritate him, would seem evident to the common-sense of anyone. Unfortunately, however, the relatives of insane persons do not appear to be blessed with much of this quality, and, consequently, one of a nurse's duties, and one of her hardest tasks, may be to enforce the doctor's orders in this respect. Friends will appeal to you, coax you, even try to bribe you to ignore your instructions and let them see the patient. Of course, you must, for both your own and your patient's sake, refuse them courteously, but with a firmness that will admit of no appeal. Baffled in this, they may want you to speak to the patient on some subject for them, or to ask him some question. In this also your refusal should be definite but polite. Make your reports to the family as regards the patient's condition as encouraging as you fairly can, but avoid

descriptions of his behaviour or repetitions of his remarks. Above all, never let the patient's friends tempt you to express an opinion as to the prospects of recovery; refer them to the doctor, in whose province alone it is to answer such questions.

When friends are admitted to see a patient, regulate their conduct, as far as you can, by precept and example, deprecating any display of emotion, or aught that is calculated to excite or depress him. Be careful that nothing is said, even in the case of the dullest of patients, that it is not advisable that he should hear. If anything has to be said about him, let it be said aloud, not in a whisper, because all lunatics are prone to be suspicious. It is far better, however, that anything of the kind should be communicated outside the sick room.

Another thing that the nurse should always bear in mind is this—the insane utterances of her patient, no matter how droll or strange they may be, must be regarded as confidential disclosures, and never repeated. The skeleton that is said to exist in every household is very apt to be unveiled in the ravings of madness, and it is quite possible that secrets may be revealed which your charge, while in health, saw fit to keep from those nearest and dearest to him. In such cases, the thoughtless repetition of what may have appeared to you to be only a senseless fancy, might be the cause of grave annoyance, or worse, to the patient's family and friends, or to the patient himself should he recover. The law which forbids a doctor to disclose any information gained whilst acting in a professional capacity, applies with equal force to the nurse. The only exception to your silence, which your position of nurse imposes on you, must be in favour of the attending physician. To him the patient's sayings should be freely known, because in them he may find some clue to the mental trouble, or some warning of a danger, such as suicide, to be guarded against.

*(To be continued.)*

Dr. Leo B. Meyer, in an article in the "*New York Medical Journal*," urges a greater care in the application of even weak solutions of carbolic acid where continuous action is required. It should never be applied to terminal parts, such as fingers or

toes, when the amount of tissue between skin and bone is small. Gangrene, dermatitis, or burns, more or less severe, may result from its use. Weak bichloride of mercury, or boric acid solution, is recommended instead.