pot is a beautiful surprise and sometimes a paper tent can cover the whole dish or tray,—admission, a dose of medicine.

Infinite other devices will occur to the resourceful nurse, always taking care that they and, indeed, all forms of entertainment, are introduced only to meet a real need, otherwise the little patient may become sated, even bored, with our efforts and then “the last state of the child will be worse than the first.”

MENTAL EXAMINATION OF PATIENTS BY NURSES

By HENRY W. MILLER, M.D.

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THE following scheme for the mental examination of patients by nurses is the outcome of a desire to increase the efficiency of the nurse in hospitals for the insane.

One of the chief problems in the training of the general nurse, as well as the mental nurse, is that of teaching the pupil to observe, record, and report symptoms. The ability to observe accurately distinguishes the trained nurse from the untrained. In our field of medicine (psychiatry), careful observation of mental symptoms by the one who is in immediate contact with the patient is particularly desirable for obvious reasons.

The outline submitted here was prepared for the senior class of nurses in our training school, supplemental to the course of instruction upon mental diseases, as a means of testing their efficiency in observing and recording symptoms. Each nurse was given a patient to examine, according to the plan, and the results have proved so satisfactory that we are adopting the examination for general use among the nurses.

It will be seen that little preliminary explanation is required to prepare the nurse for examination of the patient, inasmuch as the various points are indicated by suggestive questions, and therein lies the advantage of this outline.

Experience has shown that any method of examination which depends upon the nurse's ability to draw deductions from symptoms observed is of little value except in isolated instances, and such a method could be applicable only to the nurse who had a fair knowledge of mental diseases.

I have found that an explanatory lecture enhances the value of this examination.

I. *General Attitude and Behavior of Patient.*—(a) How did patient behave when admitted? (b) Is he quiet? (c) Is he dull or sluggish? (d) Just what does he do throughout the day? (e) In moving about, is he slow or hesitating? (f) Is he excited in any way? (g) If so, in what manner? (h) Does he talk much when quiet or excited? (i) Is he ever seen in peculiar positions? (j) Is there any difficulty in getting along with him? (k) How does he get along with other patients? (l) Is he neat and tidy in appearance? (m) Does he dress himself without assistance? (n) Does he attend to his personal wants? (o) Is he happy or depressed, composed or fearful, agreeable or irritable? (p) How is his appetite? Any peculiarity about eating?

II. *Orientation i.e. Clearness as to Time, Place, and Persons.*—A. Time: (a) What day is it? (b) Date? Month and year? (c) How long have you been in the hospital?

B. Place: (a) What place is this? (b) Where is it? (c) What place did you come from?

C. Persons: Who are the different people about you? Who are your physicians here?

III. *Memory.*—How did you come here? How long were you coming? With whom did you come? What was done with you after you came? Give examples if there is any indication of failure of memory.

IV. *Hallucinations or Illusions.*—Does patient hear voices or see strange objects? Give examples.

V. *Delusions.*—Has patient false ideas? Give examples.

VI. *Patient's Talk.*—Describe and give examples of patient's voluntary talk. If he talks without questions, say so; if not, give the questions and the answer. Does he answer questions? Does he do so promptly or slowly?

Answer all questions fully even if of apparent negative value. State facts and do not draw conclusions.

The following is a sample of a nurse's record, being prepared by Mr. J. K. Pumphrey, a senior class nurse:

Name: George L. H.

I. GENERAL ATTITUDE AND BEHAVIOR OF PATIENT

"He is generally quiet. He is dull and rather sluggish. Sometimes he will help with the ward work. At other times he will sit quietly in a chair, with his head bowed down, as though very much depressed, or he will lie on the floor with his head covered with his coat. Sometimes he will undress himself and go to bed during the day. He often asks to be sent home or let out of the ward, so that he may go home himself.

In moving about he is slow and hesitating. Have never seen him excited since his admission to this ward. He does not have much to say at any time. There is no difficulty in getting along with him. Some of the patients do not like him, but he seems to get along with them very well. He is fairly neat and tidy in his appearance. He dresses himself without assistance, and attends as far as he can to his own personal wants. He seems more depressed than happy, and seems a little fearful at times. He is generally agreeable; sometimes he gets a little irritable.

"His appetite is uncertain; for two or three days he may eat ravenously. Then he may miss one or two meals a day for three or four days, and then start in again and eat regularly for two or three weeks."

II. ORIENTATION: *i.e.* CLEARNESS AS TO TIME, PLACE, AND PERSONS

"He is oriented to day, date, month and year, and how long he has been in the hospital.

"When asked what place is this he answered, 'Government Hospital, for taking care of the insane, near Washington, D. C.' Said he came from Watertown Arsenal, near Boston.

"He said the people about him are all patients except the attendants. The patients all seem well. Some of them act a little queer, but do not know what is wrong with them. Dr. W. is the head doctor, Dr. B. comes through his ward, and there is another doctor with glasses; does not know his name (Dr. M.)."

III. MEMORY

"When questioned as to his memory, the following are his statement and answers:

"I came from Watertown Arsenal to Boston by train, and from Boston to New York by boat part of the way, and by train the other part; and from New York to Washington by train. I came from the depot, in Washington, over here in an ambulance. I was about 24 hours coming here; left Watertown about 7 P.M. on November 30, arrived here 4 or 5 P.M., December 1. I came here with Sergeant Tanner. They took me in that 1st Ward at B building. I gave up my watch and change, also my finger-nail clippers; then undressed, and they gave me a bath. After the bath I put on my pajamas and went in the dining-room and had supper. After supper went back to the ward, sat down a few minutes, and I saw two fellows have a fight. In about an hour after that I went to bed, and went to sleep in about half an hour and got a good night's rest.

"I was surprised when I got here to find this some kind of an

asylum. I do not think they should have sent me here. I was told they were sending me to a home or a hospital, to have me examined for physical defects. Although I am glad, now, that they sent me here, as I have learned things which if I had known before I would have done a whole lot different. I have been able to see through things which I could not understand before; I have had my fortune told several times. (He would not state anything further on this subject.)"

IV. HALLUCINATIONS, ILLUSIONS, AND DELUSIONS

"In answer to questions, the following is his own statement: 'When I was up north I heard voices which I cannot account for. I was talking to Corporal Collins. I asked him a question which would ordinarily have been none of my business. After that I heard voices talking to me. They were disputing over something that happened to me in the Philippine Islands. They also told me I was going insane. I had a talk shortly after that with Corporal Brooks. I asked him if he had a chaplain, and he said, no. I told him that I wanted one and he had better get him quick. I wanted to see a chaplain, because I had been forgiven of my sins, and thought it no more than right that I should see a chaplain. The voices did not tell me this, although they were saying something to me. But a feeling came over me and I knew it was so.

"'Since I have been here what I have learned principally is through these voices, and I do not know where these voices come from. They do not bother me; sometimes I like to hear them. It is like a ticking in the ear. They sometimes tell me to do one thing, and I start to do that and they tell me to do another. I hear them more at night than at any other time. Sometimes when I go to the window and look out I hear these voices. It seems as if there is something wrong about me, on the outside. The people are disputing about me. They are not satisfied with me, and if I sit down in a chair they tell me I am sitting wrong, and I should sit some other way. Sometimes when I go in the dining-room to my meals they tell me if I eat that meal I will cause some one to starve. So at times I don't know what to do. I have been up all hours, night and day, and I have never seen anything that I could not account for, or anything so very strange.

"'I told Corporal Collins at one time to lay up all the stores he could, as we were going to have a famine. One day I went down into a ravine and saw some water. I put my hand into it and found it was warm. I told the Corporal the place was going to sink, and we had

better leave there. But I found out afterwards that it was water coming from a hot water pipe under the ground.

“‘Since I have been here I sometimes get the idea that this is a place for the storage of people and goods to be prepared for the famine.’”

V. PATIENT'S TALK

“The patient's voluntary talk is usually about being let out of the hospital that he may go home; or asking for something. He often asks to see his trunk and his clothing. He wants to see if they are all right. Asks what he must do, and to be given work outside. When taken outside tried to make his escape. He answers questions very slowly and hesitatingly, as though suspicious of you or the object for which they are asked.”

A NURSE IN PERU

By BERTHA MOERI

Graduate of the German Hospital, New York City

THE building over which I have the supervision is an orphan asylum. In my department there are at present only infants from one day to one year old. The children from one to six years of age are cared for by Catholic Sisters. All hospitals and nearly all the schools are conducted by the Sisters. However, who else shall do the nursing? There are no trained nurses. I have the honor to be the first one, and coupled with the honor, I have the annoyances. One of our physicians took me to see a hospital for male patients. There were six hundred men being cared for by twenty-five Sisters. That means not only the nursing, but the cooking and washing as well, in fact all the work of that hospital is being done by these twenty-five Sisters. Oh, what a field for a training school! The hospitals themselves are not badly constructed. The wards are large, with high ceilings, and ventilation properly provided for. But there are too many beds. My fingers fairly itched when I saw bed-pans, cuspidors, eatables, clothing, dressings, tobacco pipes, medicines, etc., all over the patients' tables.

To return to my own field of work, I found much that needed improving. When I entered my department I found forty cribs containing infants up to nine months, beside twenty-six adult beds for the wet nurses, who nurse and otherwise care for their charges. At night they took the babies to bed with them, sleeping in the clothing they wore during the