

losis, pneumonia, and cancer. Too deeply entrenched in the very citadel of our social fabric for a frontal attack, the lessons of other successful campaigns must be conned, and long years of training must be undergone before we can hope for a truce, to say nothing of victory. There are four lines of attack possible. The first is a wholesome and healthy education of our youth in matters sexual, pointing out plainly the necessity of continence, though a hard condition; the really terrible risks, and the sad train of events likely to follow an infection. Secondly, steps should be taken to lessen "the sight of means," as the proverb puts it, the open, flagrant whoredom which makes the streets of this city, for example, a byword among the nations. In other capitals vice has deliberately to be sought; here it jostles our youth in most seductive form at every turn, to the great peril of even "a fugitive and cloistered virtue." It is no wonder that so many yield, "Knowing not" (or for the moment forgetting) "that the dead are there," and that he "goeth down to the chamber of death." A special police force of men and women could in a year clear the streets and places of public amusements. Such a measure *alone* might only "skin and film the ulcerous spot," as no doubt it does in Paris, where Bizard estimates that one million men visit annually "les Maisons de tolérance" and "les Maisons de rendez-vous"!

Thirdly, venereal diseases should be put in the same category as other acute infections of public danger, and every case should be known, registered, and supervised. Chimerical, futile, visionary, impossible! Yes, so it seems, and so it is to-day; but twenty years ago how wild and fanciful we thought the notification of tuberculosis!

And, lastly, much may be done to lessen the ravages of the disease by increasing everywhere the facilities for early and prolonged treatment. The new methods of investigation have raised a hope that—perhaps at the very outset, at the portal of entry—the disease may be jugulated. Time will tell. Like other protozoal affections, syphilis displays an obstinacy and chronicity that has made some authorities doubtful of the possibility of a final cure. On this question I have always pinned my faith to the greatest of British syphilographers—that special ornament of your school—Jonathan Hutchinson—sharing his belief in the permanent curability of the disease. But unless the treatment is thorough and prolonged recurrences are only too common, and the Registrar-General's report indicates in how many thousands it is still inefficient.

Neurasthenia from the Nurses' Point of View.*

(Concluded from page 438.)

In considering symptoms, pain, real or imaginary, usually to a greater or less degree real, is nearly always observed in nervous cases; but the nurse must always be on her guard to distinguish between pain that is real but unimportant, or pain that is mostly imaginary, and pain that is a serious symptom, as for instance the pain of peritonitis of which the symptoms are not well marked (and I might say in passing that my own experience is that the symptoms of any disease acute or chronic, as a nurse sees them, are liable to be much modified or veiled by conditions prevailing in neurasthenic cases), but, just as the nature of the outcry reveals the stage of labour, a careful and observant nurse will soon learn to distinguish by the vocal expression, facial appearance and attitude of the patient, between the pain that may be wisely laughed at and that which calls for all the effort and assistance that the nurse's skill and sympathy can give; as a rule, no nurse should treat any complaint of pain as unimportant that is accompanied by a rise of temperature, unless it can be positively ascertained that the pain has no connection with the temperature.

I would also say, as many physicians recognise and practise, that I believe it well, when the physician has entrusted his patient to the care of the nurse, for it is assumed that he has confidence in her, and if he have not that confidence he should not entrust his patient to her, that the case should be left as much as possible to the direction of the nurse, to avoid conflict of influence on the patient between the physician and the nurse, in explanation of which I might say that I have not infrequently seen (and other nurses speak of similar experiences) physicians, with the best possible intentions, through not understanding the "thread" that the nurse was following at this particular moment (for the neurasthenic is like a tangled skein that the nurse is set to unravel and restore to order and continuity), with perhaps half a dozen words out of harmony with the activities of the nurse wholly upset a condition of mental repose and effort at self-control that the nurse had only succeeded in establishing after long, difficult, and weary work with her patient; for while we are all willing to concede the superiority of the masculine intellect, and, like little moons, to shine in the spare light of the larger luminaries, still

* Read by Miss Rankin, St. Joseph's Hospital, London, at the Annual Meeting of the Canadian Society of Superintendents of Training Schools.

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