

be the highest and most revered of physical powers, those involved in the act of generation. Bred and cultivated in prostitution, venereal diseases spread thence through the community, attacking the innocent as well as the guilty, the pure as well as the impure, just as typhoid fever is no respecter of persons, no matter how strict their own personal sanitary standards may be.

How or why the parasitic powers of the *Spirochæte pallida* first declared themselves in unlawful, not in lawful, sexual intercourse, is a mystery. But it is certain that this organism is never met with in the relation of marriage unless it has been brought from without. . . . However their derivation might be traced, prostitution is now as certainly the abiding place and inexhaustible source of this as of other germs of venereal disease, as the marshy swamp is the abode of the malaria-carrying mosquito, or the polluted water supply of the typhoid bacillus.

The important things to know are: That syphilis is cultivated in prostitution, and thence spread through the community in ways classified by Bulkley as follows: (1) Inherited; (2) Marital; and (3) Extra Genital.

That syphilis is not more frequently conveyed by incidental contact than is actually the case is due to the, fortunately, very short life of the germ outside the human body.

The second chapter of Part I. deals with Gonorrhœa and Chancroid. The specific micro-organism of the former was discovered by Neisser in 1879, and as it is usually seen in pairs is sometimes called the *Diplococcus gonorrhœa*. It is cultivated with difficulty, and does not survive many transplantations, yet transplanting does not lessen its virulence. It can live for years, or indefinitely, in the human tissues in a dormant or latent state, a characteristic which gives the disease a specially uncertain character, and makes it quite as treacherous as syphilis, if not even more so. It is primarily a genito-urinary disease, and may extend through the whole of the genito-urinary tract, and become a systemic infection. It is a potent cause of sterility, and of infantile ophthalmia and blindness.

Chancroid, or venereal sore, is, the author states, by far the simplest and least dangerous of the three diseases under consideration. It is always located on the genitalia. If properly treated from the outset, from four to six weeks suffice for cure. It only runs a prolonged course when neglected.

(To be continued.)

The book is published by G. P. Putnam's Sons, 24, Bedford Street, Strand, price 6s.

## Mental Nursing.\*

By BERNARD HOLLANDER, M.D.

(Concluded from page 488.)

The great distinction between sanity and insanity is the presence or absence of the power of self-control. It is the duty of the mental nurse to train her patient in the habit of self-control, of governing himself, not to get angry on the slightest provocation, not to become gloomy on the slightest misfortune, not to become anxious or to torment himself with reproaches. Every little success of hers will help to give her further control.

The patient must be taught, whatever his feelings and impulses, not to carry them into action. A normal man if thwarted, even if he gets angry, will not at once proceed to fight, but in certain forms of insanity a word and a blow follow almost immediately. Many of the patients have never learned to exercise discipline over their thoughts and feelings, and many of them were allowed as children to carry every impulse into action. Certainly the finest results amongst the mentally afflicted are obtained through the process of *re-education*, teaching them proper adaptation to surroundings and self-restraint.

The insane have fixed ideas and habits which they have not the power in themselves to change, and later on, as the disease progresses, have not the desire to change. In the first case their will power and energy must be strengthened; in the second, where they are not willing to change, their thoughts must be directed into other channels.

It would not do to confute the erroneous assertions of such patients, or deny the reality of their perceptions, which are real to them, or to impute them to their imagination. But one may tell them that their perceptions will sooner or later become different. To deny their existence is to assure them that we do not understand their case.

Nothing is more injurious to a mental invalid than allowing him to indulge in his morbid thoughts uninterruptedly. One way of directing the morbid ideas of the patient into other channels is by supplying him with recreation and occupation. They divert the brain from its pathological activities and concentrate the attention on the work in hand. The occupation will depend, of course, on the strength and energy of the patient, his intelligence, inclination, and habits.

Our aim is to help to dislodge injurious thoughts by substituting fresh interests, so that

\* An address delivered at the Nursing Conference, London.

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