

dying of general paralysis of the insane; obvious signs of gonorrhoeal infection were found in 50 per cent. of these cases.

Other investigations which he had carried out dealing with arterial disease in general paralytics showed that among persons who have had syphilis, disease of the arteries occurs more frequently and at an earlier age than in the general population.

On the subject of infant mortality, Dr. Mott stated that if the causes could be satisfactorily ascertained, the statistics of infant mortality would give important indications of the prevalence of syphilis in the country. He submitted diagnoses of family histories illustrating the effects of parental syphilis in producing premature births, still births, children dying in early infancy and afterwards living children suffering in later life from the effects of congenital syphilis in some form or other; among the serious effects were blindness, deafness, stunted growth, paralysis, dementia paralytica, imbecility, fits, and general debility. The histories of 34 syphilitic mothers gave 175 conceptions resulting in 104 premature births, still births and deaths in early infancy, 41 diseased in some serious form or other, and only 40 apparently healthy or doubtful. Two per cent. of all cases of general paralysis of the insane were juvenile cases due to congenital syphilis; the percentage would be very much higher, but for the fact that the majority of children whose brains became affected die in early life or are born dead. Dr. Mott laid great stress on the desirability of doing a Wassermann test for every new born infant when the parent has syphilis or is suspected of syphilis, as it would then be possible to deal with latent disease in the child.

With regard to the Wassermann test Dr. Mott described the work which had been done in the Pathological Laboratories of the London County Asylums, and he explained the value of the test in enabling the practitioner to forestall symptoms by treatment.

He said that the essential point in the treatment of syphilis was to detect the organism at the earliest possible time and to begin treatment immediately. He advocated very strongly the provision of public laboratories where Wassermann tests and bacteriological examinations could be carried out. It was also of the utmost importance that satisfactory education should be provided for medical students so that they should thoroughly understand syphilis, and how to diagnose it in its early stages so that all delay in dealing with the disease might be avoided.

THE AGE LIMIT.

Miss Sarah E. Parsons, R.N., in the *American Journal of Nursing*, pleads for the reduction of the "Age Limit" of 23 for pupil nurses. She says the profession is losing much

good material by enforcing it. During the years she was organizing training schools in hospitals for mental patients, in order to get desirable nurses she accepted pupils under the general hospital age limit, with a high school education, and moral, social, and intellectual qualifications. She writes:—

Even in this work, where maturity would seem so necessary, these young women, carefully selected, did fine work. Their youthful buoyancy often acted as a tonic, and their ability to react after the more depressing experiences was a real asset in their favour. Even their ignorance of all the tragedy that was signified by the conditions with which they had to deal made it often possible for them to be helpful and enduring when older women would shrink helplessly from the work. I recall with great satisfaction a mother and daughter who graduated with credit in one class. The mother, a widow of thirty-nine, and the daughter of nineteen, started in the same class, and while there was nothing to criticise in the deportment of the mother, the daughter's was even more dignified and correct. Surely in my effort to get "good material" I sacrificed several revered traditions. At one time I had three sisters in the school and graduated them all without any serious difficulties as to discipline, and never have I had cause to regret these experiments.

At the beginning of the work here, before I had been persuaded that it was wise to establish any age precedent, a mother brought her daughter in to make application for entrance to the school. The girl had graduated from high school and was well developed physically, but she was only eighteen years of age. I talked of more study for the girl and the mother was quite willing to send her to Simmons College for the Nurses' Preparatory Course if I would accept her soon afterward. I hesitated, because she would then be barely nineteen years old, so the mother said, "Miss Parsons, I have sent Alice through high school and I can afford to send her to Simmons and to maintain her during her three years of training, but I cannot afford to do any more for her, as I have three other children to educate. If you will not take her I shall feel obliged to put her at some money gaining occupation until you will take her, and I would much rather send her into your care than to have her go into some store or office where there could be no careful supervision." The mother's argument seemed so natural that I hesitated no longer.

Miss Nutting, who we all know has the nurses' best interests at heart, said in effect at a recent convention that, as times have changed, economic conditions have changed, and we must adapt our views to conditions as they are, and that to her the age of the applicant did not seem so important as the kind of school the girl was to enter.

[previous page](#)

[next page](#)