power is so great, and our thirst for admiration so insatiable, that we cannot let our patients go, we will not allow them to grow up, but encourage them to remain helpless little children, even though we may be unaware of what we are doing. This may very easily occur, unless our eyes are open to these dangers of suggestion, especially when practised by one who, like the nurse, is in such close and continuous contact with a patient.

Other dangers are that the suggestion may, in unskilled hands, degenerate into mere bullying, or the nurse may not realise that she must be prepared to know how to act when the *negative* transference of her patient as well as the positive makes its appearance, that is when the patient shows the dislike, that comes up as an echo of the past, when thwarted, as well as liking; not to react to it, by giving her patient tit for tat, but remaining impassive and unmoved by either, her duty is to recognise that they are both but mirage-like reflections from the past, and have little to do with reality except as stepping-stones upon the path of recovery.

PSYCHOLOGY IN SICKNESS AND IN HEALTH.

A Course of Nine Lectures will be held on Friday evenings from 6 to 7 p.m. during October and November at 48, Tavistock Square, W.C.1 by Mary Chadwick, S.R.N., F.B.C.N., for Teachers, Nurses, Welfare Workers, Health Visitors, and others interested in Psychology in Sickness and in Health, in Childhood and Maturity.

Subjects.

October 5th.—Recent Theories concerning the Growth of Character.

October 12th.—The Effect of Adult Neuroses upon Character-development of the Child.

October 19th.—Development and Inhibition of the Special Senses.

October 26th.—Forgetting and Remembering.

November 2nd.—Dangers of Suggestion.

November 9th.—What do we know of the Child Mind?

November 16th.—The Meaning of Persistently Retained Phantasies.

November 23rd.—Emotional Stupidity. Doubt.

November 30th.—Adolescence in the Boy and the Girl.

Single Tickets, 2s. 6d.; for the whole Course, 15s., may be obtained from Mary Chadwick, 48, Tavistock Square, W.C.1, or at the door.

DENGUE.

The epidemic of dengue fever in Athens, which appears to have affected a considerable number of the population, draws attention to this disease which is little known in temperate climates, being essentially a tropical disease. Nevertheless, in view of the present outbreak in Greece, and also for the information of the many nurses who now take up work in the tropics, it is important that they should be acquainted with its salient features. The mortality, which is at no time large, appears to be greater amongst females than males, and there is considerable wasting during convalescence. The disease is characterised by extreme pain in the joints and muscles.

The information given below is taken from "Aids to Tropical Medicine," by Mr. Gilbert E. Brooke, M.A., Cantab., D.P.H., F.R.G.S., Chief Health Officer, Singapore, Lecturer on Hygiene to the King Edward VII College of Medicine, Straits Settlements, and Director of the League of Nations Epidemiological Bureau, Singapore.

Definition.—A specific tropical fever characterised by severe muscular pains and a definite skin eruption.

Synonyms.—Dandy fever; Break-bone fever.

Geographical Distribution. — Three pandemics have occurred. In 1780-1783 it spread from India to Java, Egypt, Zanzibar, and America. In 1824-1828 it visited India, Burma, North and South America, and the West Indies. In 1870-1873 it spread from Zanzibar to Port Said, India, Burma, Siam, Java, Sumatra, Mauritius, and the United States. It is now found in most tropical countries, occurring in limited epidemics.

Etiology.—The specific micro-organism is not yet known, and is probably ultra-microscopical in size. The intermediate host is certainly a mosquito.

The specific agent is probably in the blood, since the disease can be produced by intravenous injection of infected blood.

The incubation period in experimental cases averages three and a half days. Certain individuals are absolutely immune.

Symptoms.—The onset is usually remarkably sudden. Severe muscular and arthritic pains occur without warning.

The temperature rises, and within an hour or two the primary rash makes its appearance. It is erythematous, usually confined to the face and extremities; is frequently transient, and at most only lasts a day, and is so frequently overlooked that its presence is sometimes ignored.

Meanwhile the urgent symptoms increase, with severe pains and headache, while the fever rises until about the third day, when a crisis occurs, with fall of temperature and relief of all the chief symptoms. In many epidemics, the arthritic pains are a negligible feature; in fact, this feature becomes increasingly noticeable as the years go on.

On the fifth to seventh day of the disease there is usually a slight secondary rise of fever, accompanied by a secondary eruption, which more resembles measles than does the scarlet fever type of the primary rash.

This secondary morbilliform eruption may be of very short duration, but being a more pronounced rash than the scarlatiniform primary one, is often more obvious to a patient. The author has noticed a case recently in which the morbilliform puffiness of the face lasted for over four days. The articular pains usually return at this period.

Both fever and rash may be very transient, or may persist for a day or two.

If the rash has been at all marked, it will be followed by a slight furfuraceous desquamation.

Obstinate rheumatic pains often persist for some months.

Mental depression, sleeplessness, boils, etc., are occasional sequelæ.

The mortality is practically nil.

The disease is really as definite and specific as are measles and scarlet fever, but the term is generally applied by the tropical practitioner to the majority of fevers or influenzas, etc., in which malaria is definitely excluded or not suspected.

Pathology. Eosinophilia occurs generally about the fourth day (Harnett), the average percentage of eosinophils being nearly always above five.

Treatment. A purge should first be given. Ten grains of aspirin and five grains of quinine should then be administered twice daily until the fever has ceased.

It is seldom necessary to keep the patient indoors unless the temperature is above 101° F., or the arthritic pains severe.

A tonic should be given after the attack is over.

We commend to the notice of our readers Mr. Brooke's book. It gives concise and lucid descriptions of all the principal tropical diseases, and should be included in the outfit of all nurses proceeding to tropical and sub-tropical countries.

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