

Medical Matters.

PROFESSOR NEISSER AND THE TREATMENT OF SYPHILIS.



The address given before the British Medical Association by Professor A. Neisser, a famous German doctor, was described as epoch making. For three years he has been carrying out special experiments among the apes of Java, relative to the treatment of syphilis. He had as many as 800 apes under

observation at one time.

His experiments show that outside the animal body the virus of the disease rapidly dies, and that it remains alive and virulent for at most a few hours. Thus there was no very great danger of mediate transmission by means of objects.

Valuable knowledge had been acquired as to the best disinfection methods to avoid infection. By innunction at the site of inoculation of a 33 1-3 per cent. calomel ointment infection can be avoided. He held it to be the duty of every doctor to publish this fact wherever he could. Energetic washings with sublimate solution 2:1,000 and 3:1,000 gave very good results.

In animals it had been proved that the disease could be cured by means of so-called "atoxyl." Better even than this was a new preparation—"arsacetin," introduced by Ehrlich. The combined application of mercury and atoxyl gave good results. He was still convinced of the necessity of treating every person in whom the disease had developed for at least four years by the chronic intermittent method with atoxyl and iodine, as well as mercury.

They now knew that mercury destroyed the virus. This fact had settled for all time the justification of the chronic intermittent method, which must not be made dependent on the presence or absence of symptoms.

It was highly important to apply local treatment in all cases with mercurial frictions. The primary sore ought always to be removed. They had to remember that each attack of the disease once it had developed, endured for years; and they must not be satisfied to see a patient merely free from symptoms. Only a much more energetic treatment than formerly practised could cure the disease.

As a medium for the prevention of social diseases by the education of the public as to the extent, dangers, and modes by which this class of infections is communicated the good work done by "The American Society of Sanitary and Moral Prophylaxis" is noteworthy.

Some Further Details in the Nursing of Scarlet Fever in Hospital Practice.

By A. KNYVETT GORDON, M.B., CANTAB.,
*Medical Superintendent of Monsall Hospital,
Lecturer on Infectious Diseases in
the University of Manchester.*

I have, in previous papers in the *BRITISH JOURNAL OF NURSING*, emphasised the importance of the preservation of asepsis, or as near to it as we can get, in the surroundings of patients suffering from scarlet fever, and I now propose to consider the subject in greater detail, and with special reference to the difficulties that present themselves in the nursing of certain patients in an isolation hospital.

Knowing, as we do, that any patient who has scarlet fever may be infectious to any other suffering from what is nominally the same disease, it follows that in theory every individual admitted with scarlet fever should be nursed in a separate ward by a separate nurse. This is manifestly impossible, and, in practice, given some knowledge of the ways in which infection is disseminated, is also unnecessary, but this knowledge must not be confined to the medical officer in charge. On the contrary, I believe the results are better the more fully it is shared by the nurse. Otherwise the nursing becomes merely the carrying out of orders, which, though very essential, is not all that is required, if only for the reason that it is impossible to formulate any set of rules that shall cover all the vagaries of an infectious disease.

In endeavouring to prevent the transmission of infection, it is as well that we should recognise the difficulties under which we are placed. Let us compare the case of a patient suffering from scarlet fever with that of the average "surgical" patient with, let us say, discharging sinuses round the hip joint. Asepsis is necessary in each case; both have to be protected from others, and others from them.

But what a difference there is in practice! The child with the suppurating hip is, broadly speaking, infectious only through the discharge from his wound, and if he is to be infected by another patient, the organisms must enter into that wound. Now, we know something about wound infection, and by the exercise of ordinary care at the time of dressing we can prevent any mishap. It is very different, however, with our scarlatinal case. Whenever he breathes, and still more when he coughs,

[previous page](#)

[next page](#)