

THE NURSING OF VENEREAL DISEASES IN THE GLASGOW LOCK HOSPITAL.*

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Perhaps a short description of the work, and our method of training at the Glasgow Lock Hospital, may be of interest, and show nurses the necessity of being trained in this most important branch of nursing.

Comparatively speaking, it is only within the last ten or twelve years that the methods and ways of nearly a century have been changed for more modern treatment, and the newer appliances which have been added. Prior to this date patients did, or did not, carry out their own treatment as prescribed, and little wonder, when there was no trained supervision. In those days one untrained woman did duty as nurse, under an untrained Matron, a house-keeper relieving her when off duty. The whole atmosphere of the place was rather that of a prison (with its ward doors all locked), instead of hospital, though doubtless for the many reprobate characters who sought admission the promoters judiciously thought it was needful. Under the old régime patients douched themselves, and on

Doctor's days the untrained nurse attended and waited on him while he gave or specified the treatment to be given. At this period, too, the nurse herself did none of the practical work, nor did she realise the necessity of wearing gloves, and had no knowledge of the dangers of her work, unless through the medical man.

Patients were, I believe, kept to bed. Every-

* A Paper read at the Glasgow Nursing Conference.

thing was law and order. Misconduct was not infrequently, I'm told, the cause of dismissal of the whole, or a large part, of the hospital.

ADDITIONS AND RE-CONSTRUCTION.

Changing from the old order of things, progress has marked each year; a new theatre or treatment room, ward, and bathroom, &c., have been added, making provision for 80 beds and three cots. Reconstruction has taken place in the main parts of the building, giving more air and light, and also improving the sanitary conditions.

New sitz baths replaced the old bidet, adding much to the comfort and well-being of the patient.

During 1904-5, when these alterations were taking place, patients were refused admission, as there was no room, the numbers being high, and detention in hospital was of longer duration.

On the admission of a patient the preliminary treatment depends on the personal cleanliness or otherwise of the patient. Unlike most cases admitted to hospital, the offensive and verminous class of patient needs plenty of soap and water. First of all she goes to the bathroom, where her own clothes are removed and the underclothing taken away to be boiled, after which she has an antiseptic and germicidal bath, made up of a

mixture of kerol and hot water.

Once the nurse is convinced that she is as clean as an antiseptic and soap and water bath can make her, she is provided with separate towels and given hospital clothing, and put to bed in the ward set aside for her particular disease. In all cases discharge is taken and subjected to bacteriological examination. The diagnosis having been made, the patient is treated under medical super-



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