

International Congress of Nurses

FRIDAY MORNING, JULY 23rd.

10 a.m. to 12.30 p.m.

MORALITY IN RELATION TO HEALTH.

SISTER AGNES KARLL, R.N. President of the International Council of Nurses, presided at the Session at the Caxton Hall, on "Morality in Relation to Health" to which women only were admitted. She opened the proceedings by reading to the Congress the letter from Mr. L. H. Shore Nightingale, cousin of Miss Florence Nightingale, O.M., already reported in these columns, and then said that to-day the Congress was to consider the darkest side of life, the most sorrowful side of nursing. It was hard to say how much illness, how many deaths, how many suicides, how much blindness among infants, had been caused by disease resulting from immorality. What was the nurse's duty in regard to this question? Was it right that people should be kept in ignorance?

THE HONBLE. ALBINA BRODRICK presented the first paper, and said that its title was "Morality in Relation to Health." More accurately it should be "Immorality in Relation to Disease." The subject with which she had to deal was no matter of decency or indecency; she treated it neither from the point of view of sentiment, nor from the side of ethics or religion. She desired to bring forward from the scientific point of view a necessarily short and incomplete summary of facts, which were strongly influencing the health of nations, facts of ordinary medical and nursing knowledge concerning three highly infectious diseases—soft chancre, gonorrhoea, and syphilis, which formed a group in medicine under the misnomer venereal diseases. Their causes were well defined; their manifestations and sequelae might well appal the most courageous. Ameliorative, and in some instances curative, treatment was an established possibility. They came under the head of preventable diseases. "If preventable, why not prevented?"

The speaker then described briefly the special characteristics of these three diseases: (1) Soft chancre, exceedingly infectious, but amenable to treatment; (2) gonorrhoea, one of the genito-urinary diseases, attacking in its primary manifestations the mucous membranes, especially that of the urethra in the adult, and causing in the infant the so-called ophthalmia neonatorum, or gonorrhoeal ophthalmia. It was familiar to the ancient world, but in 1879 Professor Neisser, of Breslau, revolutionised our knowledge by establishing the existence of a definite micro-organism—the *gonococcus*—as the cause of gonorrhoea. This disease was the chief cause of impotence and sterility both in male and female. Up to the date of Neisser's discovery an attack of this disease was regarded as a harmless urethral catarrh, a natural, if not inevitable result of "sowing wild oats."

Now we knew that it was one of the most infectious diseases we had to meet, and that its consequences were far-reaching. We did not yet know when a case could be declared to have ceased to be infectious. Zweifel had noted a case in which a man infected a woman thirteen years after contracting the disease. After detailing the many serious sequelae of this disease, the speaker said: "At present it is probable that we have not fathomed the depths of gonorrhoeal complications. This we know, that they are far-reaching and capable of destroying health." If this were the case in the male, in the female the results were ten times worse. Iwan Block, one of Germany's great authorities on this matter, said "the infection of a woman with gonorrhoea is a disaster"; and Zweifel said: "This disease has, upon women, a miserably depressing effect, in contradistinction from men they are likely to suffer for many years from intense pains. Whenever they execute certain bodily movements, it may be during ten years in succession, they experience pains, often horribly severe, and in most cases they are condemned to a life of deprivation and misery, not usually from any fault of their own, since most women are infected by their husbands." Still less than a man could a woman be declared "cured" of gonorrhoea with any certainty. It was the common practice to hide from the woman the nature of her disease. She only knew that "she had never been well since her marriage." Little girls might become infected through sharing the parents' bed, or using their towels; infants were commonly infected, if at all, at birth. The resultant ophthalmia was too sadly well known to need description. By English and foreign writers it was credited with from 30 to 79 per cent. of the cases of blindness in their respective countries.

Impotence, sterility, blindness—a goodly trio. Syphilis, the third disease of the group, was a chronic constitutional and infectious disease, described by Dr. F. W. Andrewes as having "the characteristics of a specific fever, running a chronic course, combined with those of an infective granuloma." In plain terms, syphilis was to be classed amongst the infectious fevers. It first made its appearance in Europe at the end of the fifteenth century, and first attracted notice when Charles VIII. of France occupied Naples with his troops, when it spread with appalling rapidity, involving all the countries of Europe, including our own. The infection was virulent to a degree now unknown amongst us, but, unhappily, repeated only too recently in the history of Uganda. The disease proved for a time as great a scourge as the plague itself; it obscured the less obvious gonorrhoea, and has since remained amongst us in a modified, but not for that reason a less, dangerous form, common to all excepting a few of the uncivilised nations of the world. Like gonorrhoea, it was caused by a specific micro-organism, the *spirochaete pallida*, a protozoon discovered by Fitz Schaudinn on March 3rd, 1905. Syphilis might be considered under two heads: (1) Syphilis acquired by fornication and other wilful acts of unchastity, and (2) *syphilis insontium*, where wholly innocent persons were attacked. For this reason it could

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