

GONORRHEA OF THE EYE FROM ACCIDENTAL INFECTION.

Some very enlightening articles have recently appeared in the *Dietetic and Hygienic Gazette* on Gonorrhoeal Infection, and, writing editorially in last month's issue, the *Gazette* says:—

Gonorrhoeal infection by means of clothing or other contaminated articles is regarded by some wise people as either impossible or very unlikely. But evidence is accumulating to prove the contrary, and those who are uncharitable enough now to maintain that there is only one way in which the venereal diseases can be transmitted, will be obliged to modify this opinion in the light of many recent observations.

A case that has been decided by the Supreme Court of Michigan, reported in the *Journal of the American Medical Association*, is of special significance to nurses and physicians, as an illustration of the constant peril of infection to which these professions are subjected—a peril far more imminent than that of the washerwoman who was the victim in this case.

Mrs. S., the plaintiff, claimed that, while doing her family washing, with a washtub and washboard, and while washing some flannels, some water from the tub was accidentally splashed into her right eye; that she rubbed her eye at the time; that it became and continued painful, and that it became much inflamed; that she called a physician, who found the eye badly inflamed, and advised her to consult a specialist; that one took charge of the case, and very soon sent her to a hospital, where she remained between two and three weeks, and finally suffered the total loss of the eye. The physician diagnosed the case as inflammation of the mucous membrane of the eye caused by gonorrhoeal infection.

The woman claimed indemnity for the loss of her eye, and her claim was contested by the company in which she was insured. The lower court awarded judgment in her favour and was sustained by the Supreme Court.

This judicial decision affirms the reality of a danger that has long been recognized by all intelligent people. It is a warning which we will all do well to heed, and especially those of us who are exposed to more than the ordinary amount of indirect infection.

It is not enough for the nurse to say that if she had known her case was infected with venereal poison she would have taken precautions to save herself and others from the certain consequences of contagion. It is not her business primarily to know the nature of the disease that she is caring for—perhaps no one, not even the doctor, recognizes it at first. It is her business, primarily and all the time, to realize that the case is a possible source of infection; and if she keeps this suspicion in the foreground until she is justified in abandoning it, she will not fail to practise the strictest prophylaxis until all danger is over, if such a time ever comes. The physician and midwife do not wait for positive evidence before treating the eyes of

the newborn for the prevention of a possible gonorrhoeal infection; if they did there would be many more blind babies than there are to-day.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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INFLUENZA.

Some few weeks ago I was asked to write a few notes on the subject of influenza, and it was pointed out to me then—the suggestion, I may say, came from a nurse—that influenza seemed to have almost every symptom under the sun, so that it was often difficult to see the wood for the trees. Inasmuch as there is at first sight some truth in this remark, I have thought it advisable to give a short sketch of the main features of the subject in this series. The details can easily be filled in from any text book of medicine.

Now, so far from influenza being, as it was suggested, a heterogeneous collection of symptoms, it is really a very definite disease indeed. It has a bacillus all to itself, which can be fairly easily found in the vast majority of cases, provided that it be looked for in the proper way, and it also has a claim to some antiquity, epidemics of the illness having appeared at definite times and with the same symptoms in various parts of the world since the fourteenth century. It is by no means the modern fashionable innovation that some would have us believe. What does complicate matters, however, is that it may attack almost any organ in the body, so that unless we keep a clear idea of its pathology before us we shall run the risk of becoming somewhat confused.

Its history is interesting. In the year 1510 we have a very clear account of an illness which "raged all over Europe, not missing a family and scarce a person. . . . A grievous pain of the head, heaviness, difficulty of breathing, hoarseness, loss of strength and appetite, restlessness, watchings, from a terrible tearing cough. . . . In some it went off with a looseness, in others by sweating. . . . Where blood was let, the disease proved malignant and pestilential, being attended with a violent, cruel malignity, and made bad work" (the importance of this last phrase will be clearer later on).

From time to time during the succeeding centuries we have records of epidemics, but nothing of any interest occurred till 1889-90, when the disease appeared in Bokhara, in Central Asia, and rapidly spread from there

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