

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS WOULD YOU TAKE IN NURSING A CASE OF VENEREAL DISEASE IN REGARD TO THE PATIENT, THE HOUSEHOLD, AND YOURSELF?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Davoz-Platz, for her paper on the above subject.

PRIZE PAPER.

Venereal disease may be of three kinds, *i.e.*, Syphilis, Gonorrhœa, or Chancroid. Each disease has its special dangers from the point of view of infection, so we will consider them separately.

1. Syphilis, supposed to be caused by the *spirochæte pallida*, a micro-organism first isolated by Schaudinn and Hoffmann in 1905. Called "pallida" owing to the difficulty of staining it in microscopic work, it is readily perishable when removed from its host, particularly if it gets dry. Owing to this characteristic "*spirochæte pallida*" cannot be conveyed through dust, as is the case with many infectious diseases. "*Spirochætæ pallidæ*" have been found in the primary, secondary, and tertiary lesions of syphilis; in the urine and saliva; in the lymphatic organs; in the fœtus, and in the newly-born syphilitic infant.

The first stage of syphilis is distinguished by the presence of an ulcer (known as the "primary lesion") at the point of inoculation. The discharge from this ulcer is highly infective.

The second stage is characterised by active constitutional symptoms, *e.g.*, enlargement of lymphatic glands, rash, mucous patches, &c. The "mucous patch" is a flat, greyish ulcer secreting a copious and virulently infective discharge; these patches are found in the throat, corners of the lips, and other parts of the body.

The third stage of syphilis may be delayed until twenty, or more, years after the primary infection; by careful, early treatment it may be averted altogether. It is marked by ulcerous eruptions of the skin, and by soft tumours called "gummata." Gummata may appear in any part of the body, in the brain, in the bones, or the muscles. The ghastly disfiguration one sees sometimes where bony parts, *e.g.*, the nose, have been eaten away is usually the result of a syphilitic tumour. Naturally any discharge from a "gumma" is very contagious.

When nursing a syphilitic patient the nurse must always endeavour to secure him a separate, well ventilated room. She must keep her patient scrupulously clean, all sores must be cleansed and dressed frequently; the mouth and teeth should be washed at least three times

daily. All soiled linen must be removed and placed in disinfectant before being sent to a laundry. General attention to diet and hygiene of patient according to doctor's orders.

To protect the household the nurse should see that all eating utensils used by the patient are kept apart. She should pour boiling water over them before washing them up. No soiled linen (table napkins, &c.) should be placed with those of the family till they have been disinfected. The patient or, if necessary, the relatives should be warned of the danger of kissing. The family lavatory should not be used by a syphilitic patient, unless he is free from any local discharge.

To protect herself the nurse must be vigilant, always remembering to use forceps for handling soiled dressings, to burn the latter, to carefully disinfect her hands after touching the patient, and always before eating. Never to touch her eyes with her finger, to be careful of the slightest inflammation; and to cover even a scratch with a rubber stall, or collodion frequently renewed. A syphilitic baby is even more infectious than an adult because one must necessarily handle the poor little soul more.

2. Gonorrhœa is caused by an organism called *Gonococcus gonorrhœæ*, first discovered by Neisser in 1879. Although it is destroyed quickly by sunlight and removal from the animal body, it may, like syphilis, remain latent in human tissue for an indefinite number of years. Although apparently dormant, it is as effective as ever and may cause an active and virulent inflammation if conveyed to the previously healthy tissues of another individual.

When nursing a case of gonorrhœa the nurse must care for her patient's general health and cleanliness, taking particular care to burn all soiled dressings, &c. If the case is one of gonorrhœal ophthalmia in a baby or child, the hands should be loosely tied down to prevent rubbing of the infected eye and spreading the infection; all discharge should be kept carefully wiped away with clean pieces of cotton-wool. The precautions for the household and herself are much the same as for syphilis, except that eating utensils need not be rigorously separated unless there is a purulent discharge from the eyes.

3. Chancroid (soft chancre) is the least serious of the venereal diseases. A small nodule is the first manifestation; this rapidly breaks down into a deep, painful ulcer with a highly-contagious discharge. If neglected, the ulcer will spread and become multiple, the glands in the adjacent parts will be affected, and a tumour called a "bubo" will be found in the

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