

and there might be a reciprocal arrangement between the general and special hospitals, but the Matrons of the general hospitals were reluctant.

The chairman thought that now that the M.A.B. took probationers at nineteen that the fever training might be taken first and the pupil then pass on to a general hospital. He was not prepared to say there was no aerial infection.

Dr. Gordon in reply said that (1) if a smallpox patient were admitted to a scarlet fever ward, the other patients should be protected by vaccination.

If both were treated aseptically the result would be satisfactory. The use of rubber gloves by the nurses was most important. (2) He had deliberately put surgical cases into an erysipelas ward with no ill result. (3) He thought there was not much infection from the skin but chiefly from the discharges.

THE CANCER PROBLEM.

The second paper in this session was on "The Cancer Problem," by Dr. Cecil Rowntree, F.R.C.S., Surgeon to the Cancer Hospital, which we publish at length—the first instalment will be found on page 455 of this issue. The figures given by Dr. Rowntree were alarming, as showing the large mortality from cancer, and the fact that so far the cause has not yet been discovered. For the cure we were dependent upon surgical treatment.

POOR LAW NURSING.

Miss Donaldson, Matron of the Mount Vernon Hospital, Northwood, presided at the Evening and last session, when Miss A. C. Gibson spoke on Poor Law Nursing, a subject with which no one is better qualified to deal. She asked her audience to put out of their minds the idea that Poor Law Nursing was different from any other nursing. The only difference was that the nurse in charge had not the influence and power which she ought to have. She had spent the greater part of her life in poor law work, having been asked by Miss Nightingale to take it up, and she had had a contented and happy life, and no Matron had had more loyalty and affection.

In connection with the recent L.G.B. (Nursing) Order, the speaker contended that in every institution where there was a sick person there ought to be a trained nurse. If a man or woman were sick he or she was entitled to be nursed.

NURSING IN A FACTORY.

In the concluding paper Miss Lois Style, a trained nurse, gave an interesting account of her work in connection with Messrs. Cadbury's Model Factory at Bourneville, near Birmingham, illustrated by lantern slides.

ROYAL COMMISSION ON VENEREAL DISEASES.

At the thirty-fourth meeting of the Royal Commission on Venereal Diseases, evidence was given by Dr. Frances Ivens, Hon. Medical Officer

for Diseases of Women at the Liverpool Stanley Hospital, Hon. Surgeon to the Samaritan Hospital, and Hon. Medical Officer to the Liverpool Maternity and Rescue Homes.

Dr. Ivens said that her experience in Liverpool led her to the conclusion that gonorrhœa in women was extremely wide-spread in that town. Investigations which she had made in the years 1907 to 1909 respecting the incidence of gonorrhœa in gynæcological hospital practice, showed that of 1,052 consecutive out-patients 149 or 14 per cent. suffered from gonorrhœa, and of these 47 or 30 per cent. were sterile; of 159 in-patients, 39 had gonorrhœa, or 1 in 4; and of these, 13 or 33 per cent. were sterile.

Dr. Ivens said that the disease was difficult to cure completely, and that relapses were frequent. Re-infection was also very common, and was the cause of much disappointment after prolonged treatment. This raised the important question whether in the case of a married woman the patient should be informed of the true nature of the disease from which she was suffering. At the present time, it was the custom in the medical profession to conceal the nature of the disease from the wife, in order to avoid causing mental worry in addition to physical illness. Dr. Ivens said that the question was a difficult one, but she doubted whether the present attitude in this matter was correct.

It was manifestly unfair that a woman should be subjected to repeated re-infection without her consent; and if unaware of the nature of the disease she was unlikely to submit to efficient treatment. If any change were to be made by the medical profession in this matter, it must be made by the profession as a whole.

At the thirty-fifth meeting, evidence was given by Dr. Andrewes, pathologist at St. Bartholomew's Hospital; and Miss Gregory, Honorary Secretary of the Home for Mothers and Babies, Woolwich.

Dr. Andrewes' evidence dealt mainly with the subject of the results of syphilis in the production of arterial disease. There were, he said, several diseases of the blood vessels and the heart commonly fatal in their result, and by no means rare, which are not obviously syphilitic in nature, and do not figure as results of syphilis in death returns, but which are now recognised as late results of syphilis.

The main object of his evidence was to draw attention to the commonness and gravity of these indirect and late results of syphilis.

Miss Gregory said that she was anxious to impress upon the Commission the necessity for every pupil midwife receiving a short course of lectures on venereal diseases and clinical instruction at a Lock hospital. At the present time she thought midwives were absolutely ignorant in these matters. It would be impossible to include such a course of lectures in the present syllabus, and she would not advocate it unless the whole training were lengthened; at present, the period allotted by the Central Midwives' Board for training was the wholly inadequate one of three months.

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