

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS WOULD YOU TAKE IN NURSING PATIENTS IN A WARD DEVOTED TO THE RECEPTION OF PATIENTS SUFFERING FROM VENEREAL DISEASES? HOW MAY INFECTION BE SPREAD (1) FROM ONE PATIENT TO ANOTHER; (2) TO THE NURSE IN CHARGE?

We have pleasure in awarding the prize this week to Miss Gertrude L. Sheppard, Fortune Green Road, West Hampstead.

PRIZE PAPER.

The name venereal disease is a misnomer, since it implies that the disease is only contracted in sexual intercourse, which is misleading. It consists of three quite separate affections—namely, syphilis, gonorrhœa, and chancre. Chancre is a purely local infection, and though the same germ has been found in the infected sores, as in syphilis and gonorrhœa, yet it is not so virulent, and has not the same serious effects upon the public health.

The germ of syphilis is like that of malaria—a protozoon—and belongs to the lowest group of the animal kingdom. It is spiral in form and known as *spirochæte pallida*, and it can be detected by microscopic methods in every form of syphilitic lesion, as well as in blood and other secretions.

As these two affections, syphilis and gonorrhœa, are quite distinct, I will take them separately to see how the infection is spread.

Syphilis is contagious. There must be actual contact between the exudation or secretion of a patient, containing the germ, and the skin or mucous membrane of the person who receives the contagion. This contact may be indirect. Direct contagion is mostly by sexual intercourse and by kissing. A man has a syphilitic sore on his lip; unaware of its great infectivity, he kisses wife or child, and if they should have a tiny crack or abrasion of the skin, the disease may be passed on. One youth was known to infect six girls at a kissing game from a syphilitic sore on his lip. The objects most frequently instrumental in passing on indirect contagion are razors, combs, brushes, forks, spoons and drinking vessels, tobacco pipes, wind instruments and glass-blowing instruments, dental and surgical instruments if not kept sterilized.

When shaving a customer the hairdresser may make a small cut, and if the customer should be in the constitutional stage of the disease, though the blood may be removed from

the razor and the razor dipped in hot water or some antiseptic, the tiny invisible germ may still cling to it, and if it should inflict a cut on the next customer, it might infect him with the disease.

In gonorrhœa the patient is infectious in the incubation stage; this is why it is so widespread a disease. The germ belongs to the coccus group of bacteria, and is known as the gonococcus, and is rounded, not rod-like. The contagion may be conveyed indirectly by hands defiled with the gonorrhœal discharge, or from the infected seat of a water closet, yet it is almost always communicated sexually. The germ finds entrance, not through the skin, but through the mucous membrane—in men, the mucous membrane of the urethra; in women mostly the mucous membrane of the vagina. The average incubation period is from two to seven days, though it may be from one to twenty-one days.

Gonorrhœa is the cause of a large number—probably 70 per cent.—of the cases of ophthalmia neonatorum (inflammation of the eyes of the new-born). The conjunctiva, the mucous membrane which lines the inside of the eyelids and the front part of the eyeball, is infected by the gonorrhœal discharge from the mother, or it may be infected after birth by the infant touching its eyes, or by defiled touch. Repeated microscopic examinations must be made to detect the disease, as in the chronic stage the germ may be quiescent for weeks together, in the folds of the vagina. Specimens of urine and vaginal discharge must be saved for microscopic examinations.

In nursing patients in a ward, whether devoted to venereal diseases or otherwise, great precautions should be taken:—

(1) For the patients to prevent re-infection. A patient in the secondary or tertiary stage could pass on the infection to a patient in the incubation and primary stages. Infection of a patient free from these diseases is of course very serious. Everything for each patient should be kept separate and labelled clearly with his or her number or name—every cup, spoon, fork, knife, razor, washing bowl, towel, the bed clothes and the day clothes (if the patient is up), bed pan, urinal, and cloths for covering these. If a rubber or gum elastic catheter is used, it should be sterilized and kept for that one patient, and destroyed after use. The same applies to vaginal nozzles other than glass ones. If vaseline is used to lubricate catheter or nozzle, a pot should be kept for each patient. All things after being used by the patient should be immersed in a bowl of anti-

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