

*Symptoms.*—Pain in pelvis or lumbar region, frequent micturition. Urine turbid, whitish sediment, foul odour.

*Treatment.*—Application of heat to pelvis. A "bladder washout" may be ordered if pus is present in the urine.

*Drugs.*—Urotropin, salol, benzoate of ammonium, which lessen decomposition in the urine, are often employed.

9. *Nephritis.*—*Cause:*—Toxin circulating in blood causes congestion of malpighian bodies in kidneys.

*Symptoms.*—Pain in lumbar region; vomiting; varying amount of dropsy; urine diminished or scanty, dark or smoky in colour; contains a large quantity of albumin. Death may follow from uræmia.

*Treatment.*—Practically the same as for any case of nephritis, but modified to suit the individual case. The method chosen to produce diaphoresis would probably be radiant heat, as this would necessitate the least amount of movement for the patient.

The diet would require little alteration.

Owing to the ulcerated condition of bowel, saline purgatives might have to be omitted.

*Drugs.*—Digitalis and strophanthus may be ordered, as they increase the flow of urine.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. M. Johnson, Miss Dorothy M. Williams, Miss J. Edmondson, Miss P. Tomlinson.

#### QUESTION FOR NEXT WEEK.

Explain what is meant by blood pressure.

### VENEREAL DISEASES IN WOMEN.

#### A USEFUL PAMPHLET.

The National Council for Combating Venereal Diseases (Bank Buildings, Kingsway, London, W.C. 2) has published a pamphlet entitled "An Outline of the Medical Treatment of Venereal Diseases in Women," by Mrs. Scharlieb, M.D., M.S., and Miss Morna M. Rawlins, M.B., B.S.Lond.

The pamphlet is intended primarily for members of the medical profession, but would also be of use to nurses, on whom falls the duty of carrying out medical directions. Thus, in relation to syphilis, a list of drugs used intravenously is given, with the usual dose given to women. Some are administered by the tube and funnel method, others with a syringe. If intravenous injections of the preparations named are not possible, arsenic can be injected intramuscularly. A special preparation of galyl, we are told, gives very good results. Usually a course of six injections is

given, together with mercury for three months. The patient should continue to be under observation for at least two years after the Wassermann reaction becomes negative, and blood tests should be repeated about every three months during this time.

Mercury can be given in the following ways: (1) Inunction—by ung. cinereum—this being a most excellent method when properly carried out, as the patient is quickly got under the influence of the drug without digestive troubles arising. (2) Rectal suppositories. (3) By the mouth, in the form of pills or mixtures. The disadvantage of this method is that the digestive system may become badly disturbed. (4) Intramuscular injection. This method has the advantage of not interfering with the digestion, and, when given, the patient has received her mercury for a week, for certain, a fact which one cannot be sure of when a bottle of medicine, or a box of pills, is taken home.

Contra indications to arsenical intravenous treatments are *absolute* in (1) Hæmophilia. (2) Addison's Disease. (3) Advanced organic disease of liver, heart, or kidneys, if not due to syphilis. *Relative* in (1) Albuminuria. (2) In heart and nerve lesions it is advisable to give very small preliminary doses. (3) In pyrexia, wait if possible until the temperature is normal. (4) If the patient shows signs of intolerance . . . such signs may be headache, pyrexia, diarrhœa, vomiting, loss of weight, jaundice, and arsenical dermatitis.

*Preparation.*—The preparation is similar to that for an operation. The bowels must be well opened the morning of the injection, and nothing but a cup of hot soup or milk taken for three hours before. The urine must be examined before every injection. The site of injection is prepared with alcohol or tincture of iodine. After injection the patient can usually return home in a few hours' time. If any of the relative contra-indications be present she should be kept under observation for the night.

The treatment of gonorrhœa is the subject of the latter half of the pamphlet.

#### THE SERBIAN RELIEF FUND.

The following trained nurses have left recently to join the Serbian Relief Fund Unit 6, on the Salonica Front: Misses Elsie Bull, Grace Butler, Gladwys Davies, Enid Davies, Roberta Parsons, Jeannie Rankin, Beatrice Robinshaw, Isobel Wicks.

Professor W. J. Simpson, C.M.G., Vice President of the London Tropical School of Medicine, and Professor of Hygiene at King's College, London, &c., has left for Salonica, to take medical charge of the Unit.

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