

G. H. Griffiths, H. O'Donovan, L. Reay, K. D. Barton, H. Harris, E. M. Foster, T. M. Cotton, G. Marshall, C. M. Mazzucchi.

5th Northern General Hospital.—Misses A. Gilroy, M. Hope-well, M. H. Anderson, A. M. Riddiough, A. A. Wiffen, G. M. Bloomfield, H. Green, M. M. Cottam, M. J. Murphy, P. E. Edwards, D. M. Bickers, L. M. Hodey, D. Green.

1st Scottish General Hospital.—Misses I. Sim, E. T. Munro, A. Backie, M. MacGlashan.

2nd Scottish General Hospital.—Misses M. Brownlee, H. E. Moore, A. C. Y. Ross.

3rd Scottish General Hospital.—Misses J. M. Kirk, J. M. Dun-can, M. McQueen, A. P. Michie, M. M. Hunt, W. M. McIntyre.

4th Scottish General Hospital.—Misses M. Brown, J. G. McGhie, M. M. Duthie, M. M. MacIntosh, I. M. Alexander, C. M. Lillie, A. M. Milne.

The Territorial Army Nursing Service consists of ladies trained in the nursing profession who undertake to serve in Military General Hospitals, Casualty Clearing Stations and other medical units when the Territorial Army is embodied; the members carry on with their civil duties in peace time.

All appointments are made to the General Hospitals and the actual unit with which each member is to serve will be notified to her by the Principal Matron of the hospital when the emergency occurs.

CONGRATULATIONS.

The Editor of THE BRITISH JOURNAL OF NURSING wishes to convey to Miss Mary M. Roberts, the Editor of the *American Journal of Nursing*, her sincere congratulations on the honour conferred upon her by the French Minister of Public Health, who has bestowed upon her the bronze medal of the *Assistance Publique*.

THE NURSE IN THE CAMPAIGN AGAINST VENEREAL DISEASE.*

Gonorrhœa and syphilis occupy unique positions as communicable diseases. Their mode of communication is quite limited, yet they are prevalent beyond all imagination. This prevalence depends to a large extent on the ignorance and sex prudery under which these diseases have hitherto sheltered. Editors of newspapers and magazines are still too much inclined to avoid any discussion of the venereal diseases. Red Cross publications have a very real opportunity here; one of their most important functions is to educate the public in health matters, even those in which readers are apt to be squeamish.

A thoughtful and helpful paper on the nurse in relation to the control of gonorrhœa and syphilis has been recently published by Dr. N. A. Nelson, in *Public Health Nursing* (April, 1933). As he points out, sex prudery still survives and does much to enforce silence in the Press, so that this aspect of health education work must be treated largely by word of mouth. Here the nurse has great opportunities. Enjoying the confidence of the public in general, and her patients in particular, she penetrates into the smallest village and is well received in the individual home. If her advice is to be sound, she must herself be thoroughly familiar with all the problems of venereal disease.

She must, for example, know that there is no specific immunisation with which the whole population can be protected all at once. Her thorough knowledge of her subject must be backed by infinite tact. She must know that gonorrhœa and syphilis are only two symptoms, so to speak, of sex ignorance, feeble-mindedness, incorrigibility and family maladjustment—just as premarital and promiscuous sexual intercourse, illegitimacy, marital incompatibility, separation, divorce, and many other social evils, are symptoms of sex ignorance, feeble-mindedness, incorrigibility and family maladjustment. Even if gonorrhœa

and syphilis were to be limited by some yet undiscovered method of immunisation or treatment, the basal causes would remain. The nurse must, therefore, have a much broader and wider conception of her problem than that merely of infection.

Nurses must co-operate with doctors in the medical control of these diseases and in the education of the public. Nurses should, therefore, be represented on social hygiene councils. It is a pity that doctors and nurses do not meet oftener round the conference table, for there are many questions of principle which need discussion between doctor and nurse; and some of these questions are more suitable for a round-table conference, where the experience of many heads can be pooled, than in a tête-à-tête discussion.

The nurse must also know what not to do. The teaching of sex-character to children is not her business. It requires special aptitudes and special training. It is dangerous in the hands of any but the most competent. Nor must the nurse try to solve problems not directly connected with public health and her own duties. Such problems should be referred quietly to the proper agency without the participation of the nurse becoming obvious. It is safest to take only such steps as may be necessary to secure adequate treatment of known cases, to discover and bring new cases to medical care, and to prevent new infections as far as possible.

Much of the nurse's work will consist in following up cases which have discontinued treatment prematurely. Patients are apt to think they are cured as soon as the more troublesome symptoms have subsided. Patients also tend to disappear when they feel the heel of authority on their necks. In Massachusetts only 47 per cent. of nearly 10,000 delinquent patients could be located and followed up. The nurse should, therefore, early in the treatment, stress the importance of its continuity. The average patient is much more likely to submit to prolonged treatment if he understands the need for it.

In the search for contacts and sources of infection, the nurse must be familiar not only with the biology of the infecting germ, but also with the psychology of the patient. When a patient presents himself for the first time with a recent infection and is questioned as to his exposures, he is naturally inclined to think of the last exposure. But the incubation period of both diseases is rather long and variable, so that there may have been several recent contacts, any one of which may have been responsible for the infection. Indeed, the last partner may have been exposed to the patient's infection rather than have been the cause of it. Or the patient may have an acute recurrence of an old and neglected infection which he mistakes for a new one. All his recent contacts may then be victims of the flare-up of his old infection. It is, therefore, always safest to approach a contact with the possibility in mind that he or she may be the victim and not the cause of an infection. Certainly every source of infection must at some time or other have been the victim of another's infection.

One thing with which the nurse must be familiar is the significance of the Wassermann blood test for syphilis. She must, for example, know that the test may sometimes be negative and yet the patient be suffering from syphilis. She must also know that a positive reaction does not necessarily mean that the patient is dangerous to his fellow employees. In fact, she must be familiar with all the most important of the latest advances in the bacteriology and other scientific aspects of venereal disease. She must also have in great measure three qualities. The first is tact; the second is tact; the third is tact.

Sir Michael O'Dwyer, late Lieut.-Governor of the Punjab, has been appointed by the National Institute for the Blind to serve as its representative on the Committee of the International Association for the Prevention of Blindness.

* Supplied by the Secretariat of the League of Red Cross Societies.

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