

LECTURE.

VENEREAL DISEASE.

By HAMISH NICOL, Esq., F.R.C.S.

The lecture given by Mr. Nicol on Venereal Disease proved exceedingly instructive, and all the more interesting in that it gave a most comprehensive survey of the varieties, symptoms and treatment of the disease. The nurses were much impressed by his attitude towards his subject, for he conveyed the idea, at all stages of the lecture, that he regarded the nursing of venereal cases as far from being a branch to be despised or avoided (as too often it is even at the present time), but that he looked upon this as a branch of nursing claiming high qualification and gifts, and an ethical-moral outlook that would not concentrate over much on unpleasant aspects because of the clear vision of the high responsibilities involved.

Mr. Nicol said that not so many years ago the idea was prevalent among the public that people suffering from venereal disease were different from others, and he deprecated the fact that the same attitude was often reflected in the hospitals. There, sometimes, such patients were made to feel that they were unclean and not fit to be touched. He had known cases where it was made a punishment to a nurse to send her to work in the wards for venereal disease. He would like his audience to note that there was, in his opinion, no disgrace in having venereal disease. The disgrace is the immorality which sometimes, but by no means always, precedes the infection. Even medical officers sometimes adopt the illogical attitude of which he complained, but as a rule they do not do so, probably because men are more wicked than women (laughter) and so more tolerant of the weakness of others. It is true that many female patients are prostitutes; but why should a prostitute, suffering from venereal disease, be treated with less kindness than one suffering from influenza? It is surprising to hear nurses speak of the V.D. wards with disgust, and of the patients there as though they should only be touched with the tongs. The Medical and Nursing Professions are not set up to be judges of morals. The duty of a nurse is to do her job, which is nursing. All cases should be treated alike, and one who indulges in private feelings about a patient is not fit to be a nurse.

Mr. Nicol said that he would speak principally about female cases. A large majority of these are prostitutes. They suffer from an inferiority complex as a rule and are always on the outlook for slights. Their plan of defence is to adopt an aggressive attitude; they are always on the defensive, always ready to quarrel and to give trouble in the ward. Many of them are not bodily ill; the treatment is irksome, and they soon get restive and want to go out. It follows, therefore, that they require tact. The object in taking these people into hospital is to get them under treatment and to keep them under treatment until they are cured. This is difficult enough when all goes well; but when they are not handled properly and are made to feel that they are despised, the position immediately becomes impossible: they become insubordinate and take their discharge. This defeats the whole object of the Venereal Diseases Act, which aims at getting these diseases under control and curtailing the spread of infection.

Work in the V.D. Department is hard and demands the best type of nurse. Yet it is excellent experience, in both acute and chronic work. Besides the routine nursing and work, common to all wards, the nurse will have to be observant and always on the outlook for signs of intoxication, due to the administration of the arsenicals bismuth or sulphamamide. She will have to note any complaints made by the patient, since early signs of poisoning are often symptoms, as, for instance, when a patient complains of

headache, drowsiness, nausea, etc. Urines have to be tested, and daily routine treatment has to be carried out on those patients who suffer from Gonorrhœa. This requires considerable skill if it is to be effective without hurting the patient. I have known patients refuse treatment and leave Hospital on account of rough handling by a probationer. The nurse must be ever on her guard against cross-infection and she must exercise great patience. Such work as this should be given to a senior nurse, said the lecturer, and he held that no nurse should be in a venereal ward unless she has completed her general training. Junior nurses should never be sent to this department, as is often done. Such nursing is to be regarded as "a skilled job," and a nurse who can accomplish it is fit to undertake any case.

Mr. Nicol said that he would go through the clinical signs of venereal disease very briefly. For practical purposes there may be said to be three types of the disease. (Others could be referred to, but they are not often seen in this country.) The three types are: Chancroid, Gonorrhœa, and Syphilis. They are quite distinct from one another, are caused by different organisms and run different courses. Yet a patient may be subject to one, two or all three at the same time.

Chancroid.—This is characterised by a sore or sores; they are usually multiple, and they are always situated on the genitalia. They start as a papule, which quickly becomes a pustule, and this breaks down and forms an ulcer. The ulcer discharges pus, has irregular undermined edges, bleeds readily, and is very painful. There is no induration. The neighbouring lymphatics become enlarged, tender, matt together and suppurate, causing what is known as a Bubo. They are always transmitted by sex intercourse, and the organism is a bacillus known as Du Cray's bacillus. The treatment is surgical—*i.e.*, aspiration of buboes and the application of antiseptics to the sores. The administration of the specific vaccine known as Dmelos is called for, it is given intravenously and causes the temperature to rise to 104° F. or 105° F. Therefore, when a patient has had this injection you must expect this rise of temperature and nothing must be done to bring it down. The diagnosis is confirmed by the discovery of the organism in the discharge and the reaction following an injection into the skin of a diagnostic dose of Dmelos.

Gonorrhœa.—This is a disease caused by the specific organism known as the Gonococcus. It is a diplococcus (*i.e.*, it always appears in pairs). Gonorrhœa causes inflammation and suppuration, and therefore the physical signs are purulent discharges. On examination you will find that there is purulent discharge from the urethra which can be demonstrated by milking the urethra from behind forwards with the finger. There will also be a vaginal discharge which is purulent and if the cervix is examined there will be a purulent discharge from it also. The cervix is not always infected in an early stage, but in the vast majority of cases it is by the time the patient comes to hospital. You may take it, therefore, that Gonorrhœa is primarily a disease of the urethra, vagina and cervix. It spreads principally by continuity, following anatomical relations. Bartholin's Glands, situated in the labia, may be infected, causing a cyst which may suppurate, causing an abscess. Infection from the urethra may extend to the bladder causing cystitis, from the vagina it spreads to the cervix causing endocervicitis, from there to the uterus causing endometritis from the uterus to the tubes causing salpingitis, piosalpynx and from the tubes to the pelvic peritoneum causing parametritis (pelvic peritonitis). By entering the lymph and blood streams it gives rise to arthritis, tenosynovitis, fibrositis, endocarditis and, in the skin, it causes the only skin lesion of Gonorrhœa—Keritocermia Blenorrhagica. Infection, carried by the finger, to

[previous page](#)

[next page](#)