

the eye will cause an intense inflammation, often followed by blindness, Gonorrhoeal Ophthalmia which is the same condition as Ophthalmia Neonatorum in infants. All this shows the task that the nurse is up against; a Gonorrhoeal case may develop any of these complications and she must be on the outlook for them.

As regards the treatment, it will be the duty of the nurse to carry out what is prescribed, and this will be general and local.

Local Treatment.—This is carried out daily. The patient is placed on the treatment table on her back with her legs supported in crutches and her pelvis on an irrigation pan. The vulvæ are washed over with an antiseptic such as lysol, dettol or whatever may be ordered. The urethra is then irrigated with a back-flow irrigator and a pint of fluid is used. The vagina is then well irrigated with a special back-flow canula. A speculum is then introduced and the cervix exposed. The cervix is irrigated with a special cervical canula, after which the vagina is packed with gauze soaked in one of three glycerines—*i.e.*, Ichthol 5 per cent., Borax 5 per cent., or Eucalyptus 5 per cent. Irrigating lotions used are: Chloramine, Dettol. Pot. Permang., Oxycyanide of Mercury. These lotions must be warm. To carry out such treatment requires considerable skill and gentleness; it is by no means a task to be entrusted to any junior nurse. There is often much inflammation of the vulvæ, and if they are not handled with care much pain is caused and often the result is that the patient flatly refuses to go to the table again. The nurse must wear rubber gloves. She must sterilise her hands in an antiseptic lotion, and, of course, the instruments must be sterilised and the towel the patient has been lying on replaced by a fresh one.

This is an outline of the routine treatment of a simple case. There are many modifications and special forms of treatment that are given under different circumstances.

Drug Treatment.—Till quite recently there has been no specific for Gonorrhœa, but now there is a drug—Sulphanilamide—which is being largely used. It is given in tablet form by mouth, and six or eight of these tablets are given daily. As this is a poisonous drug it is the duty of the nurse in charge of the patient to look out for signs of intolerance. These are: loss of appetite, nausea, vomiting, diarrhœa, jaundice, flushing, cyanosis, headache, drowsiness, lassitude, rashes of all kinds, fever, urinary irritation, dimness of vision, giddiness, deafness, mental confusion, anæmia. Such symptoms and any complaint of the patient should at once be reported to the medical officer. Patients taking this drug must not take eggs, onions or saline aperients. The reason for this is that it is the Sulphates in these articles that are held responsible for the changes which take place. (Sulphæmoglobinæmia).

Treatment by Sulphanilamide is continued for three weeks, and it should never be commenced until the patient has had Gonorrhœa for a fortnight. If it is going to act it will do so at once, and if the patient is going to respond she will do so in ten days. The tablets are usually administered in twos—*i.e.*, after breakfast, after the mid-day meal and the last thing at night. This sequence causes the patient to be subject to the drug throughout the whole 24 hours. The tablets should be chewed and washed down with half a pint of water. An alkaline mixture is usually given at the same time, with the idea of keeping the urine alkaline so that it may be less irritating. It is of the utmost importance that the drug be taken regularly or it will not act.

The result of treatment may be—(a) Cases clear up quickly, pass all the tests and remain quite well; (b) cases clear up quickly but relapse; (c) cases do not respond at all. Women do not take the treatment so well as men, and there is an allied drug known as Uleron of which the

action is the same as Sulphanilamide, and it is given in a similar manner. Women take that well and it appears to be less toxic for them and patients do well on it.

Vaccine Treatment.—Vaccines are used in the treatment of Gonorrhœa. A vaccine may be simple (*i.e.*, containing Gonococci alone), or it may be a mixed vaccine containing Gonococci together with other organisms. This, said the lecturer, is the vaccine he prefers to use. A detoxicated vaccine may be preferred—*i.e.*, one with all toxins removed—in which case a larger dose can be given. The purpose of a vaccine is to stimulate the patient's resistance. Mr. Nicol said that he only resorts to it in cases which are hanging fire and those which have not responded to Sulphanilamide. He would use this treatment for a month and then commence another course of Sulphanilamide. He gives the vaccine as a test cure—a large injection (200 mills.)—and takes a smear the following day. The Complement Fixation Test is a similar test to the Wassermann reaction, but it has not quite the same interpretation. Whereas a positive W.R. means Syphilis (not necessarily active Syphilis), a positive C.F.I. means that the patient has Gonorrhœa or has had it recently. But a negative C.F.I. does not mean that a patient is *not* suffering from Gonorrhœa. A patient may have acute Gonorrhœa with swarms of Gonococci in the discharge and the C.F.I. may be negative. The positive C.F.I. is dependent upon the patient forming antibodies, and with free drainage she may not form any antibodies. If she is not forming them she will not react to Sulphanilamide, and this is the reason for waiting for a fortnight before giving the drug and the reason for giving a vaccine to cases who do not respond to it. Another reason for not responding to Sulphanilamide may be that there is a focus which is not being drained. Thus the C.F.I. is used as a test of cure; it is useful in diagnosis. If a patient has had Gonorrhœa and all the physical signs have cleared up (and especially if she has had a positive C.F.I.) a negative C.F.I. would indicate cure. In diagnosis: in the case of arthritis a negative C.F.I. would suggest that it is not of Gonorrhœal origin.

Mr. Nicol said that he could only deal very briefly with the complications of Gonorrhœa because of the limitations of time. Bartholin's Glands, situated in the labia majora, may become infected in Gonorrhœa resulting in a cyst, due to stenosis of the duct, or may suppurate causing an abscess.

A Cyst should be treated by fomentations and aspirated; if this fails the gland should be dissected out. If it suppurates, it is laid freely open and packed with gauze. The dressing is exceedingly painful and must be done with great gentleness. The wound must be irrigated until the gauze is softened and will come away without pain; the abscess cavity is then well washed out and a gauze plug reinserted down to the bottom. This is not a job for a probationer!

In Endometritis the case is now an acute surgical one. The patient is kept in the Fowler position, hot vaginal douches are given daily, sometimes twice daily. Heat is applied to the abdomen. The uterus is drained through a catheter which is tied in with a stitch through the cervix and gently irrigated daily with sterile glycerine. Salpingitis is treated in a similar manner. If this treatment is not effective the case will require operation. Arthritis is treated with splints, extension, Scott's dressing, radiant heat and massage. For Fibrositis, massage and radiant heat are used. Synovitis has the same treatment as is usually applied to a joint. All this shows that the nursing of venereal disease is "a skilled job," and nurses should welcome the chance to get experience in it.

Syphilis.—The third venereal disease is Syphilis, and is caused by a different type of organism to the other two, being a Trepenema—a protozoan organism in the form of a long slender thread, a unicellular organism. Syphilis has three stages. Primary Syphilis is characterised by a sore,

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