

and this commences as a papule which is painless; it gradually enlarges, and is surrounded by dense fibrous tissue, so that it is said to be indurated. It breaks down in the centre and exudes a serum. It does not suppurate. The neighbouring lymphatics become enlarged, but do not matt together and do not suppurate. Contrast this with the soft sore. It is very infective. It is often single, but may be multiple. It can be genital or extra-genital. It is not often seen in women because it is often situated on or about the cervix, and also because women do not as a rule know of its presence and do not come for treatment until the secondary stage has developed.

*Secondary Syphilis.*—This is a state of rashes. A well-developed syphilitic rash is multiform and symmetrical; it does not itch; in moist parts it has certain peculiar characteristics—Condylomata (*i.e.*, flat white plaques having a very pungent smell, and which are very infective). Together with the rash there is a generalised enlargement of all the lymphatics, and often there is the "sore throat of syphilis" having the appearance of a snail track or a milk smear on the tonsils and buccal mucous membrane. It is during the secondary stage that the organism is being distributed in every tissue of the body, and on this distribution will depend any tertiary manifestations that may arise in the future.

The third stage is the stage of Gumata, and these may arise anywhere. On the surface they appear as swellings in the skin which break down, forming punched-out ulcers with a yellow sloughy base. They are painless. Gumata may appear anywhere, even in the brain and spinal cord, causing signs of cerebral tumour or paralysis, according to their situation.

There is also a fourth stage of Syphilis—Neuro Syphilis.

Syphilis is the only venereal disease that can be transmitted to children by their parents. We may say that Syphilis may be congenital or acquired. Acquired Syphilis may be contracted by sex intercourse, or innocently. We speak of Genital Chancre when the chancre is on the genitalia, or Extra-genital Chancre when it is elsewhere, as, for instance, on the lip or finger. A Chancre may be on the lip through infection from a cup or spoon used by a syphilitic, or on a finger from handling a V.D. patient. The moral is to wear rubber gloves always when attending to V.D. patients and to keep separate the utensils used by the patient. A woman suffering from Syphilis will, if she becomes pregnant, give birth to a syphilitic child. The sooner the pregnant syphilitic comes under treatment the better, and, if treated early, she will give birth to a healthy child. The treatment of Syphilis is by the administration of As., Bismuth, Mercury and the Iodides As. given by intravenous injection. Bismuth by one intramuscular injection, mercury by intra-muscular injection by inunction and by mouth. Iodide is given by injection and by mouth.

It is the duty of a nurse to see that the patient is prepared for injection. She must see that the bowels have been opened that morning; no food should be taken for some hours before; the urine must be examined for albumen, and, after the injection, it is wise for the patient to go back to bed for a time, especially after the first few injections. The nurse must be on the watch for signs of dermatitis and jaundice, two of the most serious intoxications. Dermatitis is first detected by flushing of the skin, which comes in patches, gradually spreading over the body. The skin becomes acutely inflamed and tends to weep and crack at the flexures. A nurse will have her time fully occupied in nursing a severe case of dermatitis. Jaundice first shows itself in loss of appetite, nausea and occasional vomiting. Next there is a yellow tinge in the conjunctivæ, followed by yellowing of the skin, with high-coloured urine

and "clay" stools. Both dermatitis and jaundice are serious conditions.

Stomatitis first shows itself as a blue line along the gums. Sometimes a case develops very rapidly, and the first thing to be complained of is ulceration of the gum at the site of a carious tooth, with ulceration of the adjacent buccal mucous membrane. This should never occur if the mouth is carefully watched. To guard against stomatitis the mouth and teeth must be washed morning and evening and after each meal. It is the duty of the nurse to see that this is done. The treatment is by mouth-washes and painting the ulcer with Hydrogen Peroxide. This must be done frequently, and the nurse has got to do it. You see, a nurse need never be dull. (Laughter.)

Prevention of Cross Infection: Gonorrhœa can be and often is transmitted by contamination with soiled towels, lavatory seats and the hands of persons either suffering from Gonorrhœa or who have been nursing a case and have not washed thoroughly. Children have often been infected in this way and the vast majority of infants suffering from Vulvo-Vaginitis have been infected by soiled towels or chambers. Syphilis can be transmitted by anything that has come in contact with a person suffering from Syphilis in the infective stage, primary or secondary. Syphilitics in the contagious stage must be isolated and this is usually done by putting the patient in the corner bed of the ward with a screen. Such a patient is contagious, but not infectious, and is soon rendered non-contagious by treatment. Nurses handling such cases must wear rubber gloves and sterilise them between each case. The hands must be washed in antiseptics. Biniodide of Mercury is the best.

*Importance of Venereal Disease from the Midwife's point of view.*

A sore on the genitals should be suspect. A purulent discharge, especially from the urethra, should be suspect. A rash, especially if it does not itch, should be suspect, and Condylomata once seen will never be forgotten. All V.D. suspect cases should be referred to the nearest V.D. Centre, where the Medical Officer will only be too glad to examine the case and have the necessary pathological examinations made. We do not expect a midwife to diagnose, and we do not mind how many cases she sends to the clinic even if they are all innocent. The time will come at last when she gets an infective one, which, if not treated, will lead to disaster. It is the infected one that we want!

Mr. Nicol, in the course of his lecture, drew many diagrams and showed us interesting photographs of cases of venereal disease. Among them was one of a woman whose face tissues seemed almost destroyed by the ravages of venereal disease, and subsequent photographs showed the improvement brought about in restoring contours by plastic surgery, the grafts having been taken from the patient herself.

Several questions were put to the lecturer, who was very warmly thanked for a splendid lecture on a subject of high importance.

#### CONGRATULATIONS.

We offer to Mrs. Strong our congratulations on having received from His Majesty the King the Order of the British Empire, in recognition of all that she accomplished in the evolution of the Education and Training of Nurses. She was the first Matron to establish a Preliminary Training School for Nurses, when she was Matron of the Glasgow Royal Infirmary. Four or five decades elapsed before her ideal became one more or less generally adopted by the hospitals.

194, Queen's Gate,  
London, S.W.7.

ISABEL MACDONALD,  
Secretary to the Corporation.

[previous page](#)

[next page](#)