

All our war wounded are particularly exposed to the danger of this disease, and they have every right to the safeguard of skilled nursing by State Registered Nurses, and these nurses have the *right* to serve.

Three forms of tetanus, viz., tetanus neonatorum, tetanus peurperatic, and tetanus idiopathic, must be mentioned, but need no consideration here.

Generally, an autopsy shows congestion of brain and spinal cord with cellular degenerative changes.

Miss Amy Phipps supplements her Paper with the following note:—

AN INTERESTING CASE OF TETANUS.

I had an interesting case of tetanus in early 1915. The patient had a deep punctured wound near the shoulder with much local inflammation and swelling. He was very ill and inhalation of oxygen was given. The wound *suddenly* began to heal with almost miraculous rapidity, due to an escape of free oxygen from the inhaler direct to the wound, according to medical opinion.

The healing had no effect on the disease, however. The patient partially recovered in the usual way, but later succumbed to pleuro spasms.

QUESTION FOR NEXT MONTH.

State what you know of the treatment and nursing of Coronary Thrombosis.

QUEEN MARY DEPLORES ACCIDENTS DURING "BLACK-OUT" HOURS.

It is well known that Queen Mary misses her active participation in the life of the metropolis now that she is not resident in London, and no doubt she greatly enjoyed her recent visit to Middlesex Hospital. She visited several wards occupied by the 150 civilian patients; she also examined wards prepared for air-raid casualties.

In the hospital chapel she was shown the proposed site for a memorial window to Prince Arthur of Connaught, who was chairman of the hospital. The site is immediately opposite the memorial window to Prince Francis of Teck, Queen Mary's brother, who was also a chairman.

Her Majesty signified her complete approval of the idea and of the site for the window.

Dr. A. A. Moncrieff, War Commandant, informed her that six or seven fracture cases were often admitted to the hospital during black-out hours. Queen Mary expressed her dismay at the terrible number of accidents thus admitted to the hospital.

We were all beginning to wonder when the ghastly toll of life on the roads during the past year, largely owing to the "black-out," would be taken seriously by the community, so apparently callous in this connection. Indeed, "death on the roads" has become more or less a joke in this age of selfish submission to speed.

The reduction by Parliament of 30 to 20 miles an hour is a long-delayed step in the right direction.

We have not yet forgotten that the life of Queen Mary might have been sacrificed to this mania.

SEROLOGICAL TESTS.

SOME IMPORTANT DIAGNOSTIC TESTS.

By W. J. Hatcher.

The serological group of tests form a very important part of laboratory investigation, while it is also true that they form a very large group; only those in frequent use will be considered in this article. These are the Wassermann Reaction, Kahn Test, Complement Fixation Test for Gonorrhoea, and the Widal Reaction for Enteric.

Specimens.

Clotted blood is required for all the tests, at least 5 c.c. is necessary, usually obtained from a superficial vein in the arm; no dietary or other preliminary preparation of the patient is needed, and the specimen may be collected at any time of the day, though if possible it is desirable to avoid the first two hours after a heavy meal. It is very important that the syringe used for collecting the blood should be dry, or if it has been sterilised by boiling, well rinsed out with steril normal saline. The reason for this is that if any spirit or water is present the blood may be hæmolyised and the specimen rendered useless for testing. When the specimen has been collected it is also desirable that the tube should not be unduly shaken, though when it has to be sent through the post it must obviously suffer to some extent in this respect.

Wassermann Reaction.

There are innumerable methods of carrying out this well-known test for the diagnosis of syphilis, but the method of Harrison or a modification is now almost generally employed in this county. Technically speaking, the Wassermann reaction is what is known as a complement fixation test, and it is important to remember that the Wassermann reaction is much more than a simple diagnostic test, useful only in the diagnosis of syphilis. In general the severity of the infection is paralleled by the strength of the Wassermann findings. The method of reporting the results of the test recommended by the League of Nations Health Committee is generally employed, and results are reported as follows:—

Strong or full positive reaction	+ +
Positive reaction	+
Weak or doubtful reaction	±
Negative reaction	—

In this way the Wassermann reaction is a quantitative test and has great value in assessing the results of treatment.

Wassermanns may be carried out on almost any body fluid besides blood, though this is usually the most convenient method of examination. Positive Wassermanns cannot be expected till some weeks after the appearance of the chancre; in doubtful cases a test may be made after a dose of salvarsan, when a positive reaction may be obtained.

Kahn Test.

This test is an alternative to the Wassermann reaction. Often it is carried out at the same time; and though the results are confirmatory, the Kahn is probably more delicate, and therefore more useful in doubtful cases. The Kahn test is what is known as a flocculation test. There have been a number of techniques of this type for the diagnosis of syphilis. Tests of this type include the Meinicke, Sachs-Georgi and the Sigma Reaction. The great advantage of tests of this type, and the Kahn test in particular, is their simplicity, as, unlike the Wassermann reaction, only a few reagents are required. The interpretation and recording of the findings are very similar to the Wassermann reaction:—

Strong positive	+ + +	} Positive findings.
Positive	+ +	
Weak positive	+	} Negative findings.
Doubtful positive	±	
Negative	—	

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