

In cases under treatment the Kahn test tends to remain positive longer than the Wassermann reaction.

Complement Fixation Test for Gonorrhœa.

While not as reliable as the Wassermann reaction in the diagnosis of syphilis, this test is quite valuable, and increasing use is being made of it in the investigation of Gonorrhœa.

Widal Reaction.

The Widal reaction used in the investigation of Enteric infections is what is known as an agglutination test, that is to say, the Widal reactions in their simplest form consist of mixing serum obtained from the patient with a pure culture of known bacteria—in the case of typhoid, *B. typhosus*. Say, for example, the serum of a patient when mixed with *B. typhosus*, agglutinates or clumps the bacteria, this would indicate a positive result. In actual practice the test is carried out in rather a more complicated fashion; tests are made against several other allied organisms besides the *B. typhosus*, and the test is put up in a series of dilutions against each organism. It is important to remember that during the early stages of the disease, that is, up to about the tenth day, the Widal reaction may be negative. This is, of course, no reason for delaying in taking the Widal; but the important point is, that if a negative report is received, the test must be repeated.

THE CONTROL OF VENEREAL DISEASES AND THE RESPONSIBILITY OF NURSES IN RELATION TO THE SAME.*

By J. DEWANBU DORAI RAJ.

As a danger to the public health, as a peril to the family, and as a menace to the vitality, health and physical progress of the race, the venereal diseases are justly regarded as the greatest of modern plagues, and their prophylaxis the most pressing problem of preventive medicine that confronts us at the present day. The subject of venereal disease has become an integral part of the medical curriculum and an important branch of public health work. The medical man is asked, more and more, to undertake the treatment of venereal disease and to take his place in the campaign against its spread. So the medical people need some special qualifications.

There is an apparent and welcome decline in that form of mid-Victorian prudery which forbade the mention of such terms as syphilis or venereal disease in any lay gathering or lay publications. A general attitude toward venereal disease—that is, an attitude which regards such conditions merely as infectious diseases and not as disgraceful punishments or as stigmas of evil and unclean habits—is certain to augment the general public health.

The medical attendant must primarily consider the individual as a patient and not as a person who has transgressed the moral law; the victim needs help and sympathy. The immediate problem is the prevention of further spread. There should be an inauguration of a State-wide programme for the control of venereal disease, the objectives of which are: (1) The provision for adequate facilities for diagnosis and treatment. (2) Improvement in case-reporting and supervision of syphilis cases. (3) Intensive and complete investigation of syphilis cases and contacts. (4) Professional and public education in matters pertaining to social hygiene. Maintenance of public laboratories with one full-time director and an appropriate staff, improvement in case reporting and a more intensive search for sources of infection are to be the major activities.

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The educational programme against venereal disease is in many respects the most important phase of its control. This entails more intensive undergraduate and post-graduate training of physicians and nurses, stressing public health aspects of venereal disease in the medical curriculum and teaching the control of venereal disease, dissemination of adequate informative material to physicians and civilians by radio, literature, lectures, the press, motion pictures, exhibits, and posting of placards in public places. Education in sex hygiene and the venereal peril accomplishes a certain amount of good.

The nurse occupies a unique and enviable position in the ever expanding venereal control movement of the present day. Fundamentally schooled through years of training in the sick-room, at the clinic, at the home, among life's pains, sorrows, heartbreaks, and fears, sometimes wrestling with the "Captain of the men of death," ours is the gift to sense intuitively the quickening pulse of pleasure or alarm, the incipient flash of anger or the blush of shame, the patient's reactions to his disease, to his environment, to the oftentimes stinging comments of his fellow-men. Staving off the spread of venereal disease means controlling the infectious venereal patient. To influence the thoughts and actions of this individual even to a minor degree is to know him and understand him. A feeling of sympathy and understanding for the patient, however, is only the beginning. All our effective treatment schemes, our modern highly specialised diagnostic facilities, will avail us little, if the patient cannot see their value, if he is reticent and loath to accept the stigma of the diagnosis and rebels against the inconvenience and discomfort of months, perhaps years, of periodic visits to the clinic or the private physician's office. Finding and holding a patient and his infected contacts, until the danger of transmission is over, is the most important step in the control of venereal diseases, and education of the patient is the key to the situation. The circle of the nurse's activities should revolve about the centre of teaching and interpretation, instructing the patient in the fundamental knowledge essential to gaining his co-operation, relaying to the treating physicians the patient's painful reactions and conflicts which may break the continuity of his treatment.

Thus the control of syphilis rests as much in obtaining the co-operation of the infected patient as it does in the scientific application of the principles of diagnosis and treatment. For each case of venereal disease that applies for medical supervision, countless others are present in the community which can be brought to light only by the employment of case-finding principles. The initial syphilis patient constitutes a focus from which future generations may emanate. Here we are dealing with a disease whose sexual implications among the general populace stir the basic emotions and dip deep to the roots of the fundamental unit of society. To handle the problems involved we must have not only a thorough scientific background as to the nature of the disease and the principles of its control and a knowledge of the community resources, but also an understanding of the frailties of human beings and sympathy for the weakness of human nature. The properly trained nurse has imbibed deeply the most essential of these elements. If she will but aid a thorough knowledge of syphilis and an understanding of public health, she may accomplish what no cold logic or unfading science may gain for years to come, the control of the patient with venereal diseases.

NURSE CAVELL'S AUTOGRAPH SOLD FOR £112.

It is reported that the autograph of Nurse Cavell was sold for £112 at the first performance in Paris of the film of her life. We imagine that this constitutes a record for the autograph of a nurse. The tragedy of her death profoundly shocked the world at large.

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