

Examination candidates came from Madurā, Trichinopoly, Guntur, Nellore, Tanjore, Kumbakonam, Mannargudi, Pithapuram, in addition to Madras.

Of the question papers, 32 were written in Telugu, 24 in Tamil, 5 in Malayalam, 9 in Canarese and 2 in English.

Examination Results

Out of 72 candidates entered for the examination 59 have been declared as 'passed', and 13 as 'failed'. None have gained 'distinction' marks.

THE NURSING OF VENEREAL DISEASES

By MARY F. LISTON, O.B.E., M.B., Ch.B.

This entails a knowledge of all the branches of nursing, medical, surgical, midwifery and child welfare.

Syphilis may attack any organ or tissue in the body—the brain, the eye, the ear, etc. and every organ affected will require the appropriate nursing for such cases.

Gonorrhoea and syphilis are contagious diseases, and in treating them surgical procedures are required, therefore a knowledge of antiseptic and aseptic measures is necessary.

Both diseases also have a very important bearing on the national health—especially as regards the mother and child.

The name venereal is somewhat unfortunate, for one is rather apt to look with disgust on anything venereal—but very many who attend these clinics have no venereal trouble at all, and more than half of the people who attend are innocent sufferers.

I think therefore in teaching you about the nursing of these diseases it would be best if I tried to point out to you how the neglect of the simplest rules which regulate the actions of a fully trained nurse may cause serious trouble if these diseases are present. I would first emphasise the necessity of all nurses knowing something about venereal diseases, and I would stress the fact that innocent sufferers are more numerous than those who suffer through their own misdemeanours, so no difference should be made in the nursing of these cases. Saint and sinner alike suffer, and it is not our duty to discriminate on this point.

The other essentials in nursing venereal diseases which I would like to emphasise are observation, surgical cleanliness (which is necessary in the nursing of all sick people), gentleness and sympathy.

Let us see how dangerous the lack of knowledge of venereal disease may be.

A not uncommon trouble among poor children is vulvo-vaginitis, that is, a little redness and discharge around the external genitals. It may be caused in various ways by neglect and dirt, the presence of thread worms, debility after fevers (especially scarlet fever or pneumonia), or it may be caused by the child coming in contact with infective discharge and contracting gonorrhoea—a very serious trouble in children.

To diagnose the cause of vulvo-vaginitis is not always easy. Smears have to be taken from the vagina and the urethral orifice with a small dressed probe on to a clean glass slide. The smears are specially stained and examined for gonococci, which are frequently found inside the pus cells.

The possibility of thread worms being the cause of the vulvo-vaginitis has also to be eliminated by a careful examination for their presence. Thread worms may sometimes be observed at night, wandering outside the anus, if the bedclothes are lifted and the parts quickly inspected with a flashlight—or they may be discovered by giving a rectal salt injection at night and examining the return carefully by straining it through black muslin or an old black stocking.

If a rectal injection is ordered and gonorrhœa is also suspected, the external parts must be thoroughly cleaned as for an operation before giving the injection, otherwise a very intractable infection of the rectum with the gonococcus may be set up, i.e., proctitis.

How many nurses in charge of a children's ward know how important it is to be on the lookout for and report such a little thing as slight inflammatory trouble of these parts? Gonorrhœa gives rise to symptoms (burning and frequency of micturition) only in the early acute stage. Soon it becomes symptomless, showing only slight inflammation and discharge, and yet at this stage it may be acutely contagious.

A case of gonococcal vulvo-vaginitis may easily be admitted to a children's ward unrecognised, the child suffering also from some other malady. What happens then if the simple nursing rule of sterilizing the bedpan or chamber after each patient is neglected? An epidemic of gonococcal vulvo-vaginitis occurs, and what is the result? A prolonged and serious illness for many children, involving months of isolation in hospital, causing much physical and mental harm to the child—not to speak of the expense incurred.

Gonorrhœa is very readily contracted by children coming in contact with infected discharge on utensils, towels or sponges, the infected hands of mother or nurse, and probably even by the child creeping about unprotected on a soiled floor. The main fear, however, in my opinion, in nursing a case of gonorrhœal vulvo-vaginitis should not be the spread of infection to others because, as it is a contagious disease, the strict observation of the ordinary rules of nursing such case, i.e., simple sterilization of all that comes in contact with the infected part is sufficient and easily carried out. The gonococcus is readily killed with heat. The great danger is the possibility of gonococcal ophthalmia occurring if the child rubs her eyes with contaminated fingers.

To prevent this any child suffering from gonorrhœa should be warned of this danger, but if she is too youthful to appreciate the fact—besides wearing closed knickers, which, of course, have to be very frequently changed—the elbows may be lightly splinted with pieces of cardboard slung by a tape over the shoulders and lightly bandaged to the front of the elbows. Frequent hot baths are also required to soothe and keep the parts clean, but strong antiseptics should not be used.

Specific Local Treatment

As regards more specific local treatment, this varies according to the doctor's instructions, and the method of douching and passing small specula in children requires practical instruction. An adult is not so liable to contract gonorrhoea by indirect infection that is from infected articles because the epithelium covering the vulva in the adult is different from that in the child. In the child vulva is covered with cubical cells, but with age the surface cells become harder and are converted into layers of stratified squamous epithelium. The gonococcus has a predilection for cubical or columnar cells, therefore in the adult it is not the vulva or vagina that suffers, but the gonococcus penetrates into small glands which are lined with columnar cells and which are found in different parts of the uro-genital tract. It is a knowledge of this fact that makes us able often to distinguish clinically a case of gonorrhoea in the adult from other vaginal discharges which are quite common in women.

How frequently are you instructed to douche a woman for a vaginal discharge and too seldom has any attempt been made to diagnose the cause of the discharge.

A woman suffering from gonorrhoea may be made a little more comfortable by douching, but that is all it is likely to effect. It cannot eradicate the gonococcus from the glands within the orifice of the urethra which are very frequently affected, and often chronically so, nor will a vaginal douche exterminate the gonococcus from the deep-seated racemose glands (called Bartholin's glands) situated one on either side of the vaginal orifice. These glands are often affected and may form large abscesses. If douching is ordered in a case of gonorrhoea the nurse should carefully inspect these two sites, i.e., the urethral orifice and the Bartholinian ducts, and express if possible all secretion from the depths of the glands, often it is pure pus that is expressed. These areas should be treated as one would treat a ripe boil—daily expressing all matter and wiping it carefully away.

If this procedure is neglected latent gonococcal infection in the glands may be overlooked, and possibly with disastrous results if the woman becomes pregnant later on.

A hot douche may relieve deep-seated inflammation in the cervix or tubes. In order to be beneficial in such cases the following points must be observed:

The lotion used must be non-irritating, the temperature must be as hot as the patient can bear it (112-115 F.), and the quantity given must be large—with the object of inducing dilatation of the superficial vessels and increasing the flow of blood through the parts. The scrupulous cleansing of the external parts before giving the douche is also very important. Frequently, I am sorry to say, a person suffering from a vaginal discharge is ordered to douche herself, or she attempts to do so of her own accord, and much trouble results from the neglect of this preliminary cleansing of the parts. The nozzle may be sterilized in approved fashion, but it is introduced into the vagina often with difficulty, and frequently through very unhygienic surroundings, with the

result that a chronic vaginitis with *Bacillus coli* and other organisms is set up. This vaginitis is often more difficult to cure than a simple acute gonorrhœa.

Harm can be done by too frequent douching. The chemicals used may cause vaginal irritation, the patient has her mind constantly focussed on the discharge; and besides giving rise to local congestion, a state of gonophobia may readily be induced—a mental attitude which is often extremely difficult to cure.

The dry method of treatment in my opinion has many advantages. To carry it out is simple. After attending to the toilet of the external parts a Graves' speculum is passed into the vagina and the whole tract is thoroughly inspected and swabbed out with dry sterile swabs held in long, straight forceps. A little soothing antiseptic powder, containing for preference some bismuth salt, is then insufflated into the vagina. A swab pushes the powder right up to the cervix and vault of the vagina the speculum is withdrawn and is followed by the swab, which is withdrawn last, and it leaves the whole tract clean and covered with a soothing antiseptic powder. The antiseptic remains longer in contact with the mucous membranes than is possible by douching, and by keeping the parts drier the growth of organisms is hindered. An application once or twice a week (instead of daily) is sufficient and keeps the patient very comfortable. Will the time ever come when the nurse will carry a Graves' speculum in her bag rather than a douche? The method is easier to carry out, and the results quite as satisfactory, if not more so.

—*The Scottish Nurse.*



THE HEALTH VISITORS' LEAGUE SECTION.

The Honorary Secretary of the League,
Miss M. E. Raynor, Indian Red Cross Society,
Egmore, Madras, will gladly receive reports,
and articles for insertion in this section.

DEAR FELLOW HEALTH VISITORS,

This month I am writing to you from a coffee estate beyond Mysore, where I am having my first holiday and my first introduction to the mountains in South India. It is a lovely place surrounded by hills and jungles, which are full of wild animals, elephants, bear, panther, tiger, bison, porcupine, and deer of several kinds. There are countless bird voices, singing and calling in the forest all day long and everywhere one sees their flashing colours and those of the many bright butterflies, which fly about in hundreds. As one wanders in the forests, one does not meet any people at all and it all feels so isolated and remote from civilisation that it is difficult to bring one's thoughts back to crowded cities and all the places where people