diagnosis. In this patient it was positive, probably because the disease had remained latent for so long.—I am, etc.,

J. VAHRMAN

Infectious Diseases Unit,
Western Hospital,
London S.W.6


Gonorrhoea in the Family

Sir,—With the current high incidence of gonococcal infection I feel the following account might be of interest.

A 61-year-old girl developed a vaginal discharge and as a result was referred by her general practitioner to the casualty department, where a vaginal swab eventually produced a growth of gonococci. She was given a course of ampicillin 250 mg six-hourly for five days. At the end of this time a repeat swab was negative for the gonococcus and the child was referred to the venereal disease clinic for follow-up.

When she attended there was clinical evidence of vulvovaginitis, though smears were negative for the gonococcus. The mother, however, had no symptoms such as vaginal discharge or dysuria. She had recently married and denied sexual relations with anyone other than her present husband for the last two years. On examination she had minimal discharge but no symptoms such as vaginal discharge or dysuria. She was last examined at the age of 16 years.

The source of the infection remains a mystery as is so often the case with this disease. Nevertheless, the story serves to illustrate the following characteristics of gonococcal infection.

The disease is nearly always a mild one if not wholly latent in women. This latency does not protect women (or children) from the serious complication of salpingitis, which occurs in 10% of all patients.

That true latency can also occur in men is not so well known but it is familiar to every venereologist and may indeed be commoner than is generally supposed.

Gonococcal vulvovaginitis in a child should always lead to an examination of the parents.

Gonococcal vulvovaginitis in a child is frequently difficult to cure, and careful follow-up is necessary to ensure that it has been achieved.—I am, etc.,

J. K. OATES

Westminster Hospital,
London S.W.1

Treatment of Paraquat Ingestion

Sir,—Clark found that Fuller’s Earth and bentonite could absorb paraquat in the gastrointestinal tract of animals, inhibiting its systemic absorption and preventing death if given soon after its ingestion. Both earths were found to be more effective than stomach wash out alone. Fuller’s Earth (calcium montmorillonite, subbenonite) was also found to absorb paraquat from the two and also more easily made into suspension. Kaolin, Decalso, and Amberlite had very little effect.

As a consequence of this work 300-g packets of pure Fuller’s Earth (Surrey finest powder, Laporte Industries Ltd.) sterilized at 150°C to kill spores are now stored in the factories where paraquat is manufactured. Recommendations for their use in human poisoning are also available for the nursing staff. Should treatment be required, one litre of water is to be added to one packet of Fuller’s Earth and shaken for one minute to produce a suspension. After a stomach tube is passed, the suspension will be passed through the stomach tube, which will need to have a wide bore (for example, 30 F.G., 18 E.G.). In children, where a narrower tube has to be used, some dilution of the suspension will be necessary. As much as can be tolerated will be given. If there is likely to be any delay in arranging gastric lavage the patient is to be made to vomit, and then will be given the suspension to drink. Fuller’s Earth is inexpensive, is likely to be available in all hospitals, and is an important addition to the armamentarium of the medical practitioner of poisoning.

Mr. R. J. Gow, A.R.I.C., Laboratory Manager, Imperial Chemical Industries Ltd., Widnes, describes an analytical test for paraquat.—I am, etc.,

T. D. BROWNE

Imperial Chemical Industries Ltd.,
Wythenshawe Division,
Pilkington-Sullivan Works,
Widnes

1 Clark, D. G., British Journal of Industrial Medicine, 1971, 28, 186.

Brucellosis and Goat’s Cheese?

Sir,—Three middle-aged patients in our practice, Mr. and Mrs. A. and their friend, Mr. B., recently undertook a protracted tour of Spain. They drank sparingly of milk, which was always in cartons and presumably pasteurized. Mr. B., however, was fond of goat’s cheese, which he ate frequently, a taste shared to a lesser extent by Mr. A. The diagnosis of brucellosis was made in this case, which suggests that there is a risk of food infection by Brucella melitensis, but the evidence of the case is not as strong as that of the cases reported in the United States by Caplan and others. The diagnosis of brucellosis due to Brucella melitensis was eventually confirmed by blood culture in each case. Mrs. A. has now recovered and returned to New York. The circumstances of this case are being studied to determine the precise case of infection. The food source is being followed up by the food authorities.

Mr. R. J. Gow, A.R.I.C., Laboratory Manager, Imperial Chemical Industries Ltd., Widnes, describes an analytical test for paraquat.—I am, etc.,

A. W. PORTER

Surrey

The Ward Sister

Sir,—Miss Pamela Jefferies’s “Personal View” (7 August, p. 367) deserves to be read seriously by everyone concerned with nursing. I wish to add a cogent reason to the very proper plea that nurses, like doctors, should be able to continue to advance in salary and position without abandoning the care of patients. The continuing need for new knowledge and techniques is reflected in the general acceptance that continuing education is essential. The advances in medical care involve new knowledge, skills, attitudes, and methods of thought in patient nursing. The continuing education of those who do nursing can only be done by people who are themselves practising and have special experience of older and newer skills of nursing.

We need to encourage the ward sisters who enjoy clinical nursing to stay on doing it. Miss Marjorie Mudge (7 August, p. 368) may feel that the nursing officer makes an “invaluable” contribution to in-service training but she must surely agree that it needs to be complemented by the invaluable contributions of someone who is an expert in the ward’s work. The only person who can be a satisfactory tutor for a ward sister asking for postgraduate education in modern methods is an experienced ward sister currently practising them. The nursing officer may for a few years after leaving the wards be able (in Miss Marjorie Mudge’s phrase) to “act as a consultant in nursing practice.” But however wise, within a few years she will of necessity become some-