

Annotations.

A VERITABLE DEATH TRAP.

An interesting discussion took place at the Health Congress at Eastbourne upon Isolation Hospitals, and experts were by no means unanimous as to the value of hospital isolation in effecting a reduction in the number of cases of infectious disease. We agree with Dr. Wheatley, of Blackburn, who said that opposition to isolation should be directed against its imperfections rather than against isolation itself. The value of the latter has unquestionably been proved in the Metropolis where isolation has been effectively carried out in well-ordered hospitals by the Metropolitan Asylums Board. It is the small urban infectious hospitals, which frequently are hospitals only in name, and in which no efficient system of nursing is provided, which are frequently unsatisfactory. Indeed, one eminent medical man has said that of all the scandals in the hospital world, the way in which patients are left to die in small infectious hospitals is one of the greatest.

The unsatisfactory condition of these institutions is due in part to the imperfect comprehension of well-meaning urban councils as to their needs. The members of these councils grasp the necessity of isolation for infectious diseases, and provide buildings for this purpose, but the skilled nursing staff is often conspicuous by its absence. A caretaker, or a husband and wife, with no knowledge of nursing, are placed in charge. Perhaps for a time no infectious case occurs in the district, and the wards of the hospital are closed. Then suddenly the need arises. Critical cases are taken into damp and un-aired wards, they have no efficient nursing, and necessary appliances are lacking. The public may be protected from infection, but the case of the patient, removed from his own home, where at least he would have the care prompted by affection, is piteous, and, too often the price paid for the protection of the public is the life of the unfortunate sufferer. It is time the management of Urban Infectious Hospitals was taken over by some central authority. We should suggest, first, that inexpensive wooden or iron buildings, which could be easily renewed, should be used, that a caretaker should be placed in charge who should be responsible for keeping the hospital aired and in order when empty, and who could act as ward maid when it was in use. The

nursing should be provided for by a county organization, which should supply the necessary staff on the requisition of the attending medical officer. It must be remembered that the least staff of nurses with which a hospital can efficiently be worked is a Matron, and two nurses, and that when different diseases, such as scarlet fever and diphtheria are admitted, the number of the staff must be correspondingly increased, as the same nurses cannot care for both cases without grave danger of conveying infection from one to the other. Few urban hospital authorities would care to incur the expense of maintaining a nursing staff all the year round which would be large enough to meet these emergencies, but proper provision for the care of the sick might be made on the above lines at a minimum cost.

The unsatisfactory arrangements made in urban isolation hospitals were specifically illustrated at an inquest held recently at Leek on the body of a poor little child of five, who died under the most harrowing circumstances in the Leek Isolation Hospital of diphtheria. The child was placed in a ward with another patient who was suffering from scarlet fever, and the Matron being away, a probationer was in charge of both, who, in reply to a question from the Coroner, said that it was the custom to leave "the children alone at night, and there was no communication between the wards and her bedroom."

The mother gave evidence that on one occasion when she visited the hospital the child ran to the door in his nightshirt while she was waiting for the nurse. On another, she found him out of his cot and crying for a drink. No one but a servant of about seventeen or eighteen was there and the scarlet fever patient. Each time she visited the hospital the child was alone. There was no difficulty in getting into the wards, and the child, if he wished, could have walked out of the place.

The jury, in their verdict, placed the blame of the inefficient arrangements on the Medical Officer of Health for Leek. The Coroner agreed with the verdict, and said it could hardly have been believed that such a state of things could have existed. It was a scandal that such places, which under proper management were beneficial, should become veritable death traps.

Had we been the mother of the child, we should have been inclined to make the case a test one, by proceeding against the authorities for manslaughter.

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