

veyed to food is by the agency of house flies. These are apt to settle on faecal matter and then to walk over articles of food that may be exposed: it is not necessary that these should be in the immediate neighbourhood of the source of infection. The obvious necessity here is to keep all food covered up, and to dispose of the excreta of the patient immediately.

These are, then, the chief ways in which the general public may become infected, and the remedy is to boil all drinking water or filter it through a material that will readily stop such small bodies as typhoid bacilli from passing through its pores, and to avoid shellfish and such articles as are likely to be contaminated unless the source of them is known. Usually it cannot be known, but shellfish and icecreams from the street can hardly be regarded as essential articles of diet. The bacilli in any contaminated food are, of course, destroyed by adequate cooking.

It is, however, of the ways in which infection is conveyed to the nurse from the patient that I wish to speak more particularly. We may—and must—regard a patient suffering from enteric fever as constantly infecting all his surroundings; the bacilli are given off not only in the stools, but also in the urine—and this is of all the secretions the most potent source of infection—and in the breath where pneumonia, or even bronchitis, exists, and in the discharge from sores or from ulcerated mouths. *It is, therefore, impossible to avoid touching infected matter when nursing a patient suffering from enteric fever: the nurse's hands are bound to become contaminated.* I do not think, therefore, that it is of much use to advise those in attendance on the patient to try and avoid infection of the hands. The only way in which this can be done is to put on rubber gloves outside the ward, wear them all the time when in the ward, and to take them off outside the ward again. This is, in practice, impossible.

*What can be avoided, however, is any practice by which infection on the hands is conveyed to the nurse's mouth.*

I wonder how many nurses would think that a surgeon who had managed to get his hands contaminated with pus from an abscess, and who simply washed his hands in a basin in the ordinary way, had really removed all traces of the pus? And how many nurses do anything else when they have been near a typhoid patient before leaving the sick room or ward? Is it not a wonder not that so many nurses catch enteric fever, but that so few do?

Before coming to this point, however, it will

be as well that we should take precautions to guard against the more gross and obvious sources of contamination of the hands. For this purpose the intermittent wearing of rubber gloves, as, for instance, when washing the patient, or making his bed, especially if he have incontinence of urine or feces, is undoubtedly useful, and, in my opinion, should be enforced in hospital practice at all events. It is also of great importance to avoid throwing the clothes about by any sudden movement. I need hardly allude to such elementary details of practical nursing as the placing of soiled linen at once in a disinfectant solution (the tank for which should be actually at the bedside), or to the fact that any soiled material should never be allowed to become dry (and thus disseminate bacilli through the air) or to the necessity for at once burning any dressings from a sore, or the swabs that are used for wiping the mouths.

It is necessary, I am sorry to say, to point out that no nurse should take any article of food or drink anywhere near the patient, or (in hospital) in the building at all. The temptation to indulge in a cup of tea, especially at night, must be sternly resisted. Any breach of this rule should be—and usually is—punished by dismissal of the nurse, if only because it is so difficult to detect.

But to return to the infected hands. How is infection conveyed to the nurse's food from them? I can think at once of two ways: in most hospitals, nurses are apt to go directly from the ward to the dining room; often they are unavoidably detained in the ward, and have to hurry. A nurse spends perhaps two minutes on washing her hands with hard soap (of the strictly economical "hospital" variety) and then rushes to the dining room, and begins on the first thing she can get to eat. This is usually a piece of bread, which she eats with her fingers.

Again, the nurse goes off duty, and after dressing (again in a hurry) rushes out of the hospital to go shopping: she puts gloves on her (again hurriedly) washed hands. Probably the water is not hot, and the soap, though possibly odoriferous, is of a brand distinguished for its lasting rather than its cleansing properties. The inside of the gloves, therefore, becomes infected, and they serve to keep the infection constantly in contact with the hands, and even to re-infect them if they are sterile. When the seductive tea shop is reached, the gloves are removed, and any food touched with the hands is almost certain to be infected. Doubtless infection may occur also in other ways than these.

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