

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS WOULD YOU TAKE IN THE CARE OF AN ENTERIC PATIENT TO PROTECT YOURSELF AND OTHERS FROM INFECTION?

We have pleasure in awarding the prize this week to Miss Amy Phipps, St. George's Infirmary, Raine Street, London, E.

PRIZE PAPER.

In considering prophylaxis in connection with the nursing of enteric fever, we may divide our subject into two main sections:—

- (1) The attempt to secure immunity, either whole or partial, from the disease.
- (2) Whether or no this object has been secured, the carrying out intelligently of the laws of sanitation, in connection with the prevention of the spread of the disease, in every detail.

Our first section brings us face to face with one of the greatest scientific triumphs of the age, namely, anti-typhoid vaccination. As is well known, typhoid or enteric fever is due to the presence of a pathogenic germ, Eberth's "bacillus typhosus," which is circulating in the blood, and is characterised anatomically by ulceration of the lymphoid tissue of the intestines, and swelling of surrounding glands. It is a motile, non-spore bearing germ, found in the blood and internal organs, and in large numbers in the urine and fæces, and can live in water and soil.

The bacillus, it must be remembered, is a minute living organism ("a contagium vivum"), each cell being capable of living a complete life. The bacteria multiply by the division and subdivision of each cell, the process being carried on with such rapidity that it has been said that a single cell will sometimes increase in twenty-four hours to 17,000,000; hence the necessity for prompt treatment. The process of inoculation against typhoid fever consists in the injection into the tissues of a small dose of anti-typhoid serum, followed in ten or fourteen days by a larger dose. The serum is prepared with every aseptic precaution, many millions of bacilli often being used in the preparation of one dose.

The seat of injection, usually the flank, abdomen, or shoulder, is thoroughly washed, and the needle of the sterilized syringe inserted deeply under the skin.

Wherever there is special danger of typhoid infection, this is always a wise precaution, and the results achieved by it, as shown by published statistics, prove it to be a highly successful proceeding.

Our second section includes all the municipal and domestic means that aim at securing pure supplies of milk and water and well laid drains.

There must be a clear understanding of the source of infection, and the relative values of germicides and disinfectants in dealing with it, so that there is the minimum of danger of infection. We have seen that the germ is often introduced by contaminated water or milk, or from the dried discharges of typhoid patients.

In nursing, the patient should be isolated, if possible, in a large, airy room, with plenty of sunlight. The nurse should wear a large overall and a cap, taking in all hair, both of which should be discarded outside the sickroom: she should take plenty of fresh air and good food, and should wear rubber gloves when attending to excretions, and wash and disinfect her hands frequently, particularly before food, which must never be taken in the sickroom.

All utensils used in the sickroom must be kept exclusively for the patient, and must either be destroyed or boiled before coming into general use.

The patient and bed must be kept very clean; all soiled linen must be placed in a receptacle at the bedside, and steeped for at least half-an-hour in an efficient germicide, before going to the laundry.

Evacuations from the bowels or bladder must be received into perchloride of mercury, 1 in 500, or some other efficient preparation, and afterwards covered with the same, or with quicklime. The water-closet where evacuations are disposed of should not be in general use, and must be kept well flushed with strong disinfectants. A better proceeding is for these discharges to be burnt immediately on a hot fire, but the convenience to do so safely is seldom present. If excreta are to be kept for examination, they should be covered with glass, and placed out of contact with others; if left uncovered, infection may be carried by flies to food, &c. All drinking water and milk must be well sterilised before use, for all members of the household. The general health should be kept at as high a level as possible, and the general house sanitation should be put under expert supervision.

All papers used in the sickroom must be burnt after use.

It must be remembered that the urine often contains the germ, even after convalescence is well established, and therefore these measures must be continued until all possible danger is over.

When recovery is complete, the patient should have a disinfectant bath, and clean

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