We have seen wards, once filled with patients suffering from Scarlet Fever, gradually emptying, and patients with non-infectious conditions, filling the vacancies. In Monsall Hospital, where pre-war we admitted roughly 2,000 cases annually, the number admitted last year was 250. Complications such as gland-abscesses, nephritis, rheumatism and carditis, are seldom seen although otitis media, periodically, makes its appearance. In days gone by a whole ward was set aside for cases of otitis media due to scarlet fever and of these cases about 10 per cent. required mastoidectomy. Nowadays a smaller ward houses practically all cases of scarlet fever, and mastoiditis is a rarity.

Several factors have been at work in the production of these changes. The mildness of the disease itself has largely contributed by reducing the necessity for hospital treatment, and the efficiency of the sulpha-drugs and antibiotics have contributed still further to the keeping of patients at home and to the prevention of complications.

In Measles and Whooping Cough, although still formidable diseases, we have seen great changes for the better. The pneumonic complications, at one time so frequently fatal, are now largely controlled by the aid of antibiotics, and the later complications e.g. bronchiectasis, to some degree prevented. The death rate in Whooping Cough is now about one eighth of what it was in 1940, and in Measles one fifth of what it was in 1940, when these diseases first became notifiable.

The incidence of these diseases has not abated, but it may be our lot to see Whooping Cough go the way of diphtheria, if the vaccines now in use can be improved and immunisation schemes are run as efficiently as those of diphtheria.

We may consider what we have said about these common infectious diseases as the credit side of the picture. What about the other side ?

Since 1947 we have seen an upsurge in the incidence of Poliomyelitis in this country. From an annual average of somewhere in the region of 600 cases before 1947, we have, since then, had an average of about 5,000 cases and on two occasions, in 1947 and 1950 over 7,700 cases.

We cannot regard this increase otherwise than with apprehension, particularly when we think of what happened in Denmark in 1952, where in a country of about 4,000,000 people, 5,600 or so developed the disease, i.e., roughly one person in 700 was afflicted. In our worst years not more than one in 7,000 was affected.

This tragic Danish epidemic has not been without some benefit to mankind, since, during the epidemic, the Danish Medical and Nursing Staffs evolved a technique known as "positive pressure ventilation" for the deadliest of all types of the disease, namely, the bulbo-spinal type wherein swallowing is impossible and the respiratory muscles are functionless.

By this mode of treatment many lives have been saved, but, unfortunately, only too often, those saved have had to continue with part or whole time artificial respiration and many will require this aid until the end of their days.

Nothing is yet known that will restore dead nerve cells to life. Therein lies the tragedy of Poliomyelitis.

In the sphere of this disease, for a brighter prospect we have to look in another direction, namely to prevention, and, fortunately, the signs here are somewhat favourable.

SALK, an American bacteriologist, has been able to produce a vaccine of killed organisms of the three main types of poliomyelitis virus and has used it in an effort to protect about 650,000 children against infection by the natural disease. It is too early to say whether or not it will be effective, or how long any protection it may give will last, but it is known that the vaccine causes antibodies to appear in the blood. Whether these will be able to prevent the virus from attacking nerve tissue, remains to be seen.

SABIN, another American bacteriologist, is working on the production of a virus vaccine of a somewhat different type. His aim is to produce a vaccine of live virus, wherein the viruses used will have had their virulence so reduced by "passage tissue culture," that they will no longer be able to reproduce the disease when injected, but will be able to stimulate the production of protective substances within the body tissues. So far, we are not aware of this vaccine having been used in human beings.

The work that has been done in recent years in research on the poliomyelitis viruses was given a great fillip a few years ago, when it was found that the virus could be grown comparatively easily on tissue culture by using special techniques, and this has led directly to the present day position.

We can only hope that the efforts to stem the tide of Poliomyelitis, and eradicate it eventually, will be crowned with early and well deserved success.

Time does not permit me to deal with the subject of gastro-intestinal diseases, whose victims form the staple clientele of many infectious diseases hospitals. Suffice it to say, that apart from some improvement in the treatment e.g. by rehydration and the prevention of secondary infection, the problems, particularly pertaining to carriers, still remain.

To summarise this talk, we may have been fortunate to have seen so many diseases brought under control and the prognosis in most, appreciably brightened, but we cannot view the increased incidence of Poliomyelitis with anything but, as I have already mentioned, apprehension.

General Nursing Council for England and Wales.

STATUTORY COMMITTEES (concluded).

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previous page next page