

Some Aspects of the Nursing of Infectious Disease.

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Amongst the many changes that have taken place in the attitude of the medical profession towards disease during the last few years there is, perhaps, none more remarkable than the development of the attempts to prevent illness, rather than to cure it when it has arisen. This has shown itself in the increased interest taken in the science of hygiene in its widest sense, and, more particularly, in the application of facts learnt in the laboratory by the study of the germs of disease and their habits, to the treatment of that disease at the bedside.

In one branch of our profession, in particular, this advance has been most marked, namely, in the hospital treatment of infectious disease. It is in the attempt to point out a few of the ways in which the nursing of these diseases is concerned in this movement that this paper has been written.

Now, in the first place, I do not think it is sufficiently recognised by nurses how important the nursing of infectious disease really is; even amongst those nurses who really wish to learn something about infection and its results—and I am leaving out those who come to a fever hospital merely to obtain a statement from the authorities that they have been through so much “fever training”—it is often thought that the whole subject can be learnt in six months, whereas it is in reality one of the most difficult branches of nursing to master thoroughly, and one in which a superficial knowledge is almost worse than useless. The importance lies in the fact that, in infectious diseases, above all others, the work of the nurse has such a very direct effect on the condition of the patient; carelessness or stupidity may be responsible, not only as in general medical or surgical work for some harm to the particular patient, but they may also result in the infection, with the possible death, of other patients. There is, too, no branch of medicine in which the nurse is so directly rewarded, either by the recovery of her patient, or by the staying of infection amongst others, for foresight in general matters or carefulness in detail.

There are, then, two ways in which good nursing produces its results in the treatment of infectious disease; of the first—the direct effect on the well-being of the particular patient—I do not propose to speak, but would merely mention in passing that the effect is very well marked, and it is the more pleasing to the nurse because, in the large majority of cases, the patient is young, and is restored, if he recovers, to complete health; only

rarely does any complication of an infectious disease result in a chronic or disabling illness.

It is, however, of the indirect effect on the community that I wish to treat more particularly—that is to say, of the bearing of nursing on the prevention of the spread of disease to others.

Here the first point to be recognised is that in most infectious disorders the patient may communicate disease in some form or other, not only to the general public, but also to other patients who are suffering from the same disease; one case of scarlet fever, for instance, is often infectious to others in the same ward. Now, this is a very important point, and it is one that amongst nurses, at any rate, is not generally understood. The reason for this fact is that in the throat, breath, or evacuations of any patient there are present, not one germ only—that of the particular disease in question—but a number of different kinds of organisms, and it by no means follows that the assortment is the same for each patient, or for all organs in the same patient.

In practice, then, we have to recognise that it is most important in nursing our patients to prevent the conveyance of these organisms, not only from one patient to another, but even from one organ to another in the same person. We must begin by assuming, as we are not able to test each patient by careful bacteriological examination, that any patient suffering from infectious disease *may be* also infectious to another patient with the same disease and to another part of his own person.

Good instances of this may be seen sometimes in the case of scarlet fever. In a ward there may be several patients suffering from that disease in a mild form, and in whom the throat is but slightly affected. Into the ward comes a patient with a severe attack of scarlet fever, whose throat is much inflamed or sloughing, and after two days or so the temperature of one or more of the previous cases begins to rise, and they are found on examination to have ulceration or sloughing of the previously healed tonsils.

Or, again, there may be several patients with an enlargement of the glands of the neck, which is progressing without any rise of temperature, or sign of suppuration, and, on the introduction of a patient with discharge from the nose or ear, suppuration sets in in the glands of the previous cases.

Now, it cannot be too strongly urged that occurrences such as these are preventable. It is not by chance that infection occurs, nor, in the cases that I have mentioned above, is it, as a rule, by dissemination of the germs through the atmosphere, though this may occur in hospitals where the air space for each patient, or the ventilation, is deficient; but it is by the direct carrying of germs on the hands or clothing of the nurse, or the instruments she uses in the course of treatment from one patient to another. The remedy is aseptic nursing.

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