

## On the Infection of Phthisis and Measures of Prophylaxis.

Lecture to Probationers, National Sanatorium, Bournemouth.

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(Continued from page 448.)

If the patient be living at home he should have certain knives, forks, spoons, plates, and glasses reserved for his sole use; they should be washed up apart from those of the rest of the family and should be dried upon tea-cloths kept especially for them.

Spoons and forks, and such pieces of crockery as will stand it, should be placed in the washtub, and then have boiling soda and water poured upon them straight out of a kettle. The tub and its contents should be allowed to cool sufficiently for the maid's hands, she being instructed not to add any cold water. Articles so treated will be practically disinfected, as the boiling-point of sodium bicarbonate (the preparation which should be used) and water is 2° Centigrade higher than that of boiling water.

A weekly boiling in a fish-kettle will render all glass, china, and plate absolutely safe. You need not fear the cracking of glass or fragile china during this process, provided you put the articles into cold soda and water and gradually bring it up to boiling point.

*Serviettes.*—There can be no doubt but that for phthisical patients the best serviettes are those made of Japanese paper, a fresh one being required for every meal.

Many persons, however, object to their flimsiness, and, in the majority of private sanatoria, linen napkins are allowed. In more than one institution of this description I have seen celluloid cases, some closed like pencil cases and others with open ends, in which the serviettes are kept to prevent them from touching each other when all are put away together. These, and especially the closed ones, seem to me a mistake, as it must be next to impossible to ensure that the interior is properly clean.

If linen napkins are permitted, a fresh one should be supplied for every meal and boiled immediately afterwards.

*Direct Infection from the Patient.*—Speaking generally, we may say that the only danger of infection to those nursing a phthisical patient lies in inadvertent inhalation of the spray, projected by him when coughing, or of dried and pulverised particles of sputum. If proper precautions are taken and the sputa be kept damp until it is destroyed, the rest of the family run no danger from the presence of the consumptive in their midst. In

fact, the leaflets published under the high authority of the Society for the Prevention of Consumption assert that "there is no objection to a consumptive invalid being closely attended upon by healthy persons, *who may also share the same bedroom,\** though not the same bed." You will find it difficult to make uneducated patients understand that the bacillus which causes their illness is so small as to be invisible to the naked eye, and yet so virulent that, falling upon suitable soil, it will speedily increase and multiply until, if prompt measures be not taken, the unfortunate host falls a victim to the disease.

*Spray.*—The danger from this is not great, provided the patient be taught to hold a handkerchief in front of his mouth when coughing. Dr. Latham ("Pulmonary Consumption") states that "infected particles are never projected beyond a distance of from 3 ft. to 5 ft."

You can, therefore, understand why a person suffering from phthisis should never share a bed with another person, why also the beds in a hospital for this special disease should be placed a good distance apart, and why patients in a sanatorium should be advised not to play games which encourage them to sit very near to each other.

Books are especially liable to be contaminated by spray, and they are exceedingly difficult to disinfect; for this reason consumptives should not join circulating or other public libraries, and, indeed, when possible, it is well for them to obtain the works they wish to read in cheap editions, which can afterwards be destroyed by burning.

If, however, the books be of value, authorities agree that the best method of disinfection for them is by formaldehyde gas. The books when exposed to this must on no account be closed, but stood on end with the covers fastened back, almost touching each other, and the leaves well separated.

Clothing is also liable to "spray infection," and care should be taken that all washable articles and bed-linen are well boiled after use, and no rugs or cloth garments are given away to the poor after being worn by a consumptive unless properly disinfected, otherwise the recipient and his family may run some danger of contracting the disease.

*Dust.*—The question as to whether the dust in a house inhabited by a tubercular person is infectious or not is all-important.

It is now well established that, unless strict care is taken as regards the disposal of all expectoration in a proper receptacle and its subsequent destruction, the dust in an ordinarily well-kept and "clean house" may be full of danger, and it has further been shown upon what parts of the room where the patient lives the dust is likely to contain the most bacilli. Cornet, of Berlin, made many experiments with a view to ascertaining both the positive and relative

\* The italics are mine.

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