

the disease not having been recognised at the time. The only way to guard against such occurrences is to consider the bed, bedding, and clothing of all doubtful cases as infectious, and to disinfect freely. It is a matter of some difficulty to secure the separation of such blankets, bedding, and clothing from the blankets, bedding, and clothing of other men of the same regiment and company admitted to hospital about the same time.

It would be, perhaps, a counsel of perfection to disinfect the clothing, bedding, etc., of all men admitted to hospital; but, failing this, great care and watchfulness are required under the present cramped conditions as regards storage of these articles by regimental authorities.

On recovery, the enteric convalescent is still to be regarded as infective. Wherever possible a convalescent ward should be provided in which the same precautions will be observed in every detail as in the enteric ward itself. The use of urotropine is recommended; and periodical bacteriological examinations of the urine and fæces for the detection of the specific organism. No period can be definitely laid down for the duration of stay in the convalescent ward: medical officers must use their own discretion, relying on the clinical and bacteriological phenomena. Strict attention to the disinfection of all excreta is, no doubt, absolutely necessary for a more or less prolonged period. When well advanced in convalescence the patient may be transferred to a convalescent camp or detachment; here he may resume his ordinary duties, but his housing and feeding, and more especially the disposal of all excreta, will be under careful supervision. The housing and feeding need not be of any special character, segregation from the main body of troops, until all danger of infectivity has passed away, being all that is required. But disinfection of all excreta, and of all ablution and bath water, must be continued until there are sufficient grounds for the belief that danger of spreading infection has passed away.

The practice in the German army is to maintain segregation until three successive bacteriological examinations of the stools for *B. typhosus* have proved negative. In India the procedure has varied. At Rawal Pindi no man was discharged from hospital until he had been free from bacilluria for a month.

The earliest appearance of the bacilli in the urine seems to be towards the end of the second week of the illness; but generally it is later than this, during the third or fourth week. They continue to be discharged for several weeks, or even many months.

## The Nursing of the Poor in their own Homes.\*

BY THE LADY HERMIONE BLACKWOOD.  
*Queen's Nurse.*

Ladies, I rise to open this discussion with considerable diffidence as I find there are many ladies from my own country present who, both by their experience and by their position in the nursing world are far better qualified than I am to speak on this subject. Indeed, had I known beforehand how well the Institute to which I have the honour of belonging was to be represented here, I should never have consented to take a place that could have been so much more ably filled by any one of them. As it is I can but hope that any contribution to the discussion, however inadequate, which is founded on personal experience, has some value. I propose, therefore, to confine my few remarks to district nursing and its effects in the country with which I am best acquainted, namely, Ireland, where conditions prevail totally unlike those to be found in any other country.

It is always said that the Irish people have a wonderful affinity to the French. Both nations, I believe, are accredited with the same charm of manner and gaiety of heart, but, as district nurses, know the conditions under which people live in one locality in the same country are often totally unlike those to be found in another, and these differences must be more accentuated still between one country and another where climate, geographical features and past history have influenced the habits and customs and standards of the people.

In order to bring before you the problems which confront the district nurse in certain parts of Ireland, as compared with those that await her here and elsewhere, may I venture to describe to you briefly a district on the west coast of Ireland, asking you to bear in mind that our country on account of the beauty of its lakes and rivers, and luxuriant verdure, is known as the Emerald Isle, and that in the following description, I am merely giving an example of a district in an inaccessible and peculiar part of the country, where the extremes of poverty and low civilisation exist, and I do so purposely because no picture of district nursing would be complete which laid no stress on the work of the Queen's Nurses in the wild solitude that borders the Atlantic Ocean.

\* A paper opening the discussion on the above subject read at the International Conference on Nursing, at Paris, June, 1907.

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