

Some Further Details in the Nursing of Scarlet Fever in Hospital Practice.

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(Continued from Page 104.)

THE CLOTHING, ETC., OF THE PATIENT.

The extent to which this becomes infected by the patient depends on the type of disease from which he is suffering, but, on the other hand, any patient can be infected by contaminated clothing with the greatest ease, as the contact between him and the clothing is so intimate.

To take the infection of the clothing first. Here there are two main factors, the age of the patient and the degree of sepsis from which he is suffering. An adult or well-grown child with a mild attack of scarlet fever does not infect his clothing very much. He is able to avoid soiling his bed linen either with discharge from nose, mouth or ears, or with excreta. He can, therefore, be allowed to carry a pocket-handkerchief, or, preferably, a square of muslin, with the certainty that this will not come in contact with other patients in the ward. But, in the case of a small child, who has no control over his excreta, or of a patient suffering from an attack of the septic ("anginose") type, the clothing is bound to become infected. Consequently, his bed linen should be placed at once, when it requires changing, in a tank of weak disinfectant:—Izal, in a 1 in 1,000 solution answers very well, and does not spoil the linen. This precaution is usually taken when the clothing is soiled with excreta, but sufficient attention is not invariably given to that which has been contaminated with discharge from the mucous membranes. If anything, the latter is, in scarlet fever, really the more important of the two.

Neither handkerchiefs nor muslin squares should be used for any small child or septic case. By the bedside there should be two small bowls, one containing swabs of absorbent wool, wet with water only (it is not advisable to use a disinfectant, except perhaps boracic acid solution), and the other a little (1 in 200) solution of Izal to receive the swabs after use. At frequent intervals the contents of the second bowl are burnt.

Children who are allowed to get up, and who

have any trace of a nasal discharge, should never be permitted to mix with the others. If it be thought desirable that they should leave the ward for exercise, it must only be under the immediate supervision of a nurse, who should carry with her two bags, one of washable material to contain cotton wool swabs or Japanese paper squares, and the other of waterproof cloth for these when soiled. I am convinced that the imperfect supervision of convalescent patients suffering from nasal discharge is often the cause of infection of other children, and I think it best, therefore, not to send these patients to the convalescent wards at all. Discharges from the ear do not give rise to any difficulty, as it is always possible to cover the ear with a dressing. It is no more justifiable to allow a patient with otorrhœa to be without a dressing than it would be in the case of any other discharging abscess.

It is quite easy for the nurse to avoid soiling her own hands in attending to the nose of a scarlatinal patient, and it is of the utmost importance that they should not be so soiled. In the case of a septic attack in the acute stage it is best that she should wear rubber gloves, but this will be referred to later on.

Under no circumstances should any patient suffering from rhinorrhœa be allowed to enter the bathroom or washing-room by himself; otherwise it is difficult to prevent the infection of towels and so on that may be used by other patients. The practice of allowing convalescent patients to dry their faces on a common towel cannot be too strongly condemned. Every patient should have a separate towel.

In the boys' wards it is important that steps should be taken to prevent the interchange of caps by the patients, and for this reason, amongst others, I am opposed to the adoption of a uniform (provided by the hospital) for scarlatinal patients. When they wear their own clothes it is more easy to see that these are kept separate. It is by the interchange of caps that ringworm is usually spread from an unrecognised case. A patient known to have ringworm, scabies, or similar complaint should, of course, be absolutely isolated from his fellows for the whole period of his stay in hospital.

THE CLOTHING AND HANDS OF THE NURSES.

We will take the clothing first. It is, of course, essential that the uniform dresses of all grades should be of washable material, and it is advisable that there should be a common stock of dresses of a distinctive colour for use in special cases. It is imperative that the

[previous page](#)

[next page](#)