

Medical Matters.

THE CONTROL OF SCARLET FEVER.

Dr. F. G. Crookshank, Medical Officer of Health and Superintendent of the Isolation Hospital of the Barnes Urban District Council, in an address recently delivered before the Epidemiological Section of the Royal Society of Medicine, and published in the *Lancet*, expresses his strong conviction in the importance of "bed isolation" in the practical control of scarlet fever. He writes in this connection:—

The question I desire to raise is whether we may not, in small hospitals at any rate, if we get a firm grip of the real principles, safely treat all diseases side by side. I am convinced that we may. If this can be done generally, instead of having to provide for a series of maxima only one maximum needs to be provided for—the greatest total number of cases likely to need treatment at one time. This would mean probably not so often one bed per 1,000 as one bed per 1,500 of the population.

I recognise that the complete trial of the plan I suggest would mean the planning of a new hospital, and I have had, of course, at Mortlake, to make use of pre-existing buildings. But we have done away with separation between diphtheria and scarlet fever nurses, and therefore to that extent no longer separate wards or diseases. We isolate patients without any mechanical apparatus such as glass walls, or barriers, but by ritual observance only. It is not that one regards the transference of prime infections as a light matter; the idea is that it is as grave an affair professionally for a simple case of scarlet fever to acquire a pus infection as for a case of diphtheria to acquire typhoid or scarlet fever. Each patient, therefore, is isolated in his or her bed without partition or barrier. This can be done, if proper technique is observed, as easily as it is done in the surgical wards of a general hospital every day. Nurses can then pass from block to block, ward to ward, and bed to bed as simply and harmlessly as does a surgeon from a case of empyema to a laparotomy. They relieve each other as occasion may require, give assistance to each other, and interchange quite freely. The saving in staff expense alone is very considerable, and the general results are perfectly satisfactory.

Before we commenced, in 1907, the system of bed isolation, we had quite as many troubles as others, in spite of the most careful ward separation and staff separation, but we have no apprehensions now. It is true that there are certain prime requisites for this method. One is that the Matron, in the absence of a resident

medical officer, should have the fullest control of her staff and the keenest appreciation of the ideas; and in the appointment of Miss Beltinger I have been fortunate. Another is that never should the bed-space be less than the full minimum standard of the Local Government Board; and I hold that there is no heresy so great as supposing that children require less ward-space than adults; as children they may, but as virus-holders they do not. Again, every detail of the isolation hospital ward should be on a parity with the best surgical wards, and there must be the freest use of the steriliser. The steam disinfectant is one steriliser, the laundry is another, and should be worked to the utmost; but the ward sterilisers are, in small hospitals, not used as they should be.

Every patient should be kept in bed for three weeks, and for the first few days after leaving his bed should recline on a lounge separated by a few feet from others. We give to each one on admission a complete outfit, kept on his locker, of porcelain tray, kidney bowl, spitting mug, receiver, spray or syringe, thermometer in glass vase, feeder, medicine glass, brush and comb, and other articles. These are all kept during the whole illness for the patient's exclusive use, and are frequently sterilised by appropriate methods, being, of course, again sterilised or, if necessary, destroyed at the end of the illness. No nurse passes from one prime infection to another without first disinfecting her hands and donning a special ward overall kept for the purpose, and, of course, disinfecting her hands afterwards. Certain cases of doubtful nature, and special or mixed cases, are marked by a warning tab affixed to the bed card, and for each of these cases a special overall is used. In addition to the washing of the hands required from everyone on leaving a ward, disinfection for each case is required and made easy by the placing of a stand with solution, towel, etc., at the foot of each "special" bed, or between the beds of each two or three simple cases, while rubber gloves are used in dressing wounds or attending to puerperal cases. All this means little trouble really, and is amply repaid by the knowledge that security is obtained thereby. The system can be further elaborated, but of course in a small place one has to go slowly and acquire material by degrees. No doubt those who believe in inunction and swabbing with oils will say that much of this is unnecessary. No doubt it is, for recessive cases, so far as the obvious propagation of the disease is concerned; but it is the virus from the intensive cases we want particularly to destroy, and the ritual must therefore be unhesitatingly employed.

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