

the kidneys, like every other organ in the body, are irritated by the circulating toxins, and then, inasmuch as the skin is hard and dry during the stage of desquamation, and it cannot therefore do its full share of excretion, extra strain is thus thrown upon the kidneys, and inflammation may result. This is shown by the presence of blood and albumen in the urine, and by signs due to the retention in the system of much of the urea which a healthy kidney would have taken out and excreted in the urine. Though complete recovery is the rule in this form of nephritis, a prolonged and debilitating illness may ensue before this takes place, and sometimes death occurs from suppression of urine in the acute stage.

Another complication is the so-called scarlatinal rheumatism, which shows itself in an inflammation of various joints, generally the wrists and knees, and a liability to implication of the lining membrane and valves of the heart, so that the patient may be left with a permanently damaged circulation.

The treatment of scarlet fever and the management of the infectious period will be dealt with in the next article.

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL POINTS TO BE BORNE IN MIND WHEN ISOLATING A PATIENT IN A PRIVATE HOUSE?

We have pleasure in awarding the prize this week to Miss M. B. Williams, General Hospital, Great Yarmouth.

PRIZE PAPER.

The room, or rooms, in which the patient is to be isolated should, if possible, be at the top of the house, for three reasons:—

1. Isolation is more complete.
2. The room is quieter.
3. Warm air ascends, and the chimney or faulty ventilation from a room in which an infectious case is being nursed may convey the disease to those in a room above.

The *aspect* should be south or west. No curtains, carpets, stuffed sofas or chairs should be allowed; in fact, only articles which can be scrubbed and cleaned.

The bed should be a spring bed, with one hair mattress, and should not be placed in a position where the nurse, while attending to her patient, must stand between the bed and chimney, towards which the infectious air is constantly passing.

Light and sunshine should also be freely admitted, as both help to kill the poison which

is being expelled from the patient's body by the lungs, skin, or excretory organs.

Ventilation, too, should be free, without draught. A fire, even in summer, should be kept burning, as it is necessary to maintain an even temperature, and also in order that refuse, dust, etc., may be burnt.

The lavatory should be isolated. No food of any kind should be kept in the patient's room.

Personal cleanliness for the patient and all that has been used in connection with him is most essential. Floors should be wiped over with a damp cloth, wrung out in disinfectant, at least once a day.

A loose linen coat should be provided for the doctor to wear whilst in the room, and also plenty of hot water, towels, and disinfectants for his use.

A sheet kept saturated with a disinfectant should be hung over the outer door or passage, the end resting in a bath. The sheet should be sponged or sprayed with carbolic lotion (1-20) or weak lysol. This measure is also useful as a danger signal. All discharges from the patient are infectious, and should stand for about ten minutes in strong disinfectant before being emptied into a public drain.

Only those on duty should be allowed in the sick room, and even they must undergo the proper quarantine and disinfection before mixing with others.

All books taken into the room should be burnt when finished with.

All clothes for the laundry should be soaked for some hours in strong carbolic lotion, and, if possible, boiled. A basin of disinfectant should be used by the nurse for her hands after touching the patient.

When the patient is declared free from infection he should have a disinfecting bath, either in a basin containing a disinfectant of definite strength, or preferably a hot bath, and a sponge all over with an antiseptic solution. The head must be included in this. The patient must not return to the infected room after the bath, and must have fresh clothes, the nurse putting on a clean overall or dress before she disinfects the patient.

To disinfect the room use a formalin lamp or sulphur candle, first stopping up the chimney or keyhole, and pasting over any cracks. Open all the drawers and cupboards, hang up all blankets and any garments lying about. Mattress and pillows after this must be disinfected by steam. Leave the room under fumigation for twelve hours, and then for another twelve hours with open windows. Burn all books, toys, and clothes, especially boots. Utensils should be boiled.

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