

OUR PRIZE COMPETITION.

DESCRIBE THE MODERN MANAGEMENT OF SCARLET FEVER?

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, for her paper, which we print below.

PRIZE PAPER.

The modern management of scarlet fever is as follows:—

1. Isolation.
2. Free use of disinfectants.
3. Fresh air and ventilation.

Isolation is one of the most important means of preventing the spread of infectious diseases. Scarlet fever is a more or less serious disease to which all are liable, though young children are more often attacked. It runs a more or less definite course, and no one can possibly cut short or "cure" the disease all at once. But a good doctor will guide the patient so as to avoid possibly the terrible complications which so often follow an attack of scarlet fever. Persons are not altogether immune from a second attack. The large majority of fever cases are removed for isolation to the fever hospitals; but patients who are allowed to remain at home for treatment must be carefully isolated at the top of the house. The room must not contain one single piece of unnecessary furniture; curtains and carpets should also be removed.

Disinfectants should be freely used, and a sheet, kept wet with a solution of Izal or some reliable disinfectant, hung outside the door of the sick room. Disinfection destroys the germs and poison of the disease, and it is therefore necessary to rinse all vessels used in the sick room with some non-poisonous disinfectant. The poison of infection clings to clothing, and articles which have been used for the sick sometimes for months, and may suddenly infect another person. All clothes, toys, boots, and papers should be destroyed. Clothes, such as woollen goods, can be disinfected by being baked in a hot oven, and linen must be soaked in a strong solution of Izal before being sent to the laundry. It is a good plan to anoint the patient's body from the commencement with 1 in 50 carbolic oil, and during convalescence the body can be washed daily with weak disinfectant. The medicines will be ordered by the doctor, and a throat spray should always be used; it lessens the risk of ear complications. Isolation must be kept up at least six weeks; more if desquamation is not complete, or there are complications. It is very important to guard against chills during convalescence.

The complications may be terrible. The tonsils and palate may ulcerate, glands enlarge and undergo mortification. There may be disease of the middle ear, causing deafness for life. Or, the most serious of all, inflammation of the kidneys (nephritis), which may lead to dropsy, &c., and scarlatinal rheumatism, which leads to disease of the heart.

The room should be well ventilated without draughts, and the temperature kept at 60° F.

The patient's diet will be low until the temperature has been normal 48 hours, when a light diet will probably be given, and a normal diet after the first week, if all goes well.

At the end of the illness the patient must be disinfected; before again mixing with his friends he must have several warm baths, and be rubbed with carbolic soap. The room also must be carefully disinfected. The usual method is sulphur burning, but this should be, and usually is, carried out under the superintendence of the local sanitary authorities.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Edge, Miss O'Brien, Miss J. Maclean, Miss T. Robinson, Miss L. James, Miss C. Falconer.

Miss M. Edge writes:—

On admission the patient is bathed and placed in a warm bed in a large, airy ward. Only sufficient bed-clothes are allowed to prevent the patient feeling cold; but chills are carefully avoided. A culture is taken from the throat, and the throat is syringed or swabbed four-hourly; often boracic lotion or glycerine and boracic is used. Frequent cool drinks are given, and plenty of milk, weak beef-tea, and chicken-broth. No foods containing much albumen are given until the fourth week of disease. The temperature, pulse, and respirations are taken four-hourly until normal, afterwards morning and evening. The urine is tested daily and abnormalities reported as soon as discovered. A constant watch is kept for complications, especially during the third week. The patient is sponged once a day. At the end of the third week, if no complications occur, the patient is allowed to get up.

Cold compresses, poultices, or fomentations are applied to swollen glands. Should suppuration take place, incisions are made and fomentations applied.

Ear-discharge is treated by dropping hydrogen peroxide into the ear several times, cleaning out each time. This is followed by mopping out with rectified spirit, and syringing with boracic lotion.

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