

nursed in a glass box, but there is the danger that if structural separation in this way is in use, the nurses may regard it as all-sufficient, and tend to be careless in the asepsis of their hands and clothing, especially where the junior nurses are not engaged for a regular course of training, and have no interest, therefore, in acquiring knowledge. I once saw an incident which impressed this point on my mind.

I was being shown a newly erected cubicle system of the most careful type, the architecture of the glass partitions being almost perfect. Inside one of these boxes was a young patient, suffering from scarlet fever of the septic type, associated with a profuse nasal discharge. One of the nurses in the general ward approached, entered the cubicle, took an extremely dirty rag from under his pillow, wiped away the nasal discharge, and then replaced the rag *in statu quo*. She then held her bare hands under a spray of water for about ten seconds, wiped them on a towel which was hung up inside the cubicle, removed her overall, and promptly went to another child in the general ward. I was not surprised subsequently to learn that the authorities of the hospital were disappointed with the results of the cubicle system.

While we are on this subject of cross infection in fever hospitals, I may allude to a source of danger which has perhaps not received quite the attention it deserves; I mean the methods adopted for the reception and examination of patients before they reach the ward at all. I will again begin with a little bit of history. Some thirteen years ago, I remember witnessing the arrival of an ambulance at a certain hospital. It had been round collecting as many patients as it could hold, from different houses, the children having each been notified to the Sanitary Authority as cases of scarlet fever. When the door of the vehicle was opened, a large and very filthy bed rolled out, and the interstices between the patients were seen to be packed with more bedding, pillows, and so on. These had been removed from different infected houses, and were to be taken to the disinfecting station after the patient had been left at the hospital. On examining the children, one was found to be suffering from diphtheria, with no sign of scarlet fever at all; another had a slight rash, which afterwards turned out not to be due to scarlet fever at all, and the third was a case of scarlet fever of a most septic type. All these had been brought up to the hospital together, not even in charge of a nurse. I do not think that it is necessary to comment further on this, except to state it was a routine practice, not an isolated instance.

Some five years later than this, I remember the case of a large fever hospital, where it was the custom to admit all patients suffering from scarlet fever or diphtheria to the general wards allotted to these diseases, without medical examination, this being deferred until the next routine visit—it might be on the following day—of the medical officer, unless it seemed to the sister of the ward that the child was obviously suffering from some other disease (such as measles) in which case the medical officer was sent for. It was not surprising to learn in this case that the occurrence of cross infection was a problem to which the authorities were devoting much anxious thought.

This custom still persists, I am afraid, in some small hospitals, where there is no resident medical officer, the work being done by the Medical Officer of Health. Of course, it is essential that every patient should be examined before he is admitted to a general ward. To anyone who has seen the havoc that occasionally results from the introduction of measles, for instance, into a scarlet fever ward, no other course would appear to be justifiable.

(To be concluded.)

STATE NURSING FOR INSURED PERSONS.

The most important nursing news of the week was contained in the speech of the Chancellor of the Exchequer on the Budget in the House of Commons on May 4th, when he announced the intention of the Government to provide State nursing under the National Insurance Act. Mr. Lloyd George said that the Insurance Act had helped to make it clear that any system of doctoring is hopelessly inefficient which is not supplemented by a good system of nursing. There were voluntary associations throughout the country doing admirable work, but they were inadequately financed. The local authorities of some districts were also doing their best.

The Government proposed to provide a substantial annual sum to help to provide and train an adequate supply of nurses.

We have no hesitation in saying that had the Chancellor of the Exchequer taken the advice of the National Council of Trained Nurses, during the transit of the National Insurance Bill through the House of Commons, the provision of trained nursing would have been one of the benefits incorporated in the Insurance Act when passed.

We hope that the standard for the nurses to be paid for out of State funds will also be defined under State authority.

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