

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS WOULD YOU TAKE TO PREVENT THE SPREAD OF ENTERIC FEVER IN A HOUSE WHERE A CASE HAS OCCURRED? IN WHAT VARIOUS WAYS MAY THE PATIENT HAVE CONTRACTED THE DISEASE?

We have pleasure in awarding the prize this week to Miss A. B. Owen, the Nurses' Home, St. Bartholomew's Hospital, E.C.

PRIZE PAPER.

After the removal of the patient to the hospital, the greatest care should be exercised in dealing with everything that has come into contact with the case. In enteric fever the infection is almost entirely given off in the discharges, especially the stools, the urine, the expectoration, and the pus from abscesses, particularly those in connection with diseased bone.

All these discharges and any soiled articles of clothing must therefore be very cautiously handled.

All linen, cotton, and silk articles which can be removed should be boiled for at least ten minutes. Movable textile materials which cannot be boiled, such as blankets and woollen materials, mattresses, pillows, rugs, &c., should be removed and disinfected by steam.

The remaining articles should be laid as open as possible, and the room must then be fumigated by sulphurous acid or formaldehyde. After fumigation, any furniture or movable articles should be taken into the open air, brushed, and carbonised as far as possible. The feeding utensils, bed-pans and urinals, &c., should receive the greatest attention, and be thoroughly disinfected, should it be necessary to make use of them again.

Should the case be nursed at home, even greater care is necessary. In addition to the above precautions, the nurse should ensure the complete disinfection of the stools and urine. An equal bulk of some strong chemical, such as carbolic, 1-20th solution, or Lysol 1-10th solution, should be added to the excretions, and they should then stand covered for at least half an hour before being emptied into the drain.

The nurse should take the greatest care to prevent her dress from being soiled with discharges. Her forearms and hands must be washed carefully, and the use of the nailbrush not omitted.

It is also advisable to immerse the hands for a short time in some disinfectant solution.

In nursing a private case, it is essential that all utensils, feeders, bed-pans, enema syringes, &c., used by the patient, be reserved for the person's sole use.

The usual path by which enteric fever is conveyed is by water to which the typhoid germs have by some means or other obtained access.

This is generally due to contamination with sewage, and if such water is drunk or used in preparing food.

The patient may have eaten some vegetable which had been prepared with such water, or more possibly have eaten some shellfish or watercress taken from polluted water.

Many cases are traced to the eating of ice-creams which have been made with water infected by the organism.

Any foods which the patient has eaten may have been infected with bacilli, flies being capable of settling on typhoid excreta, and from thence carrying the bacilli to articles of food.

In this instance milk may even have been the cause of infection, the milk becoming infected by the milk-can being washed in infected water, or the infection of the milk through the soiled hands of an unrecognised typhoid patient.

Typhoid carriers constitute a real source of danger to the community, and it is difficult to trace the source of infection when it arises from a "carrier."

Dust is largely responsible for the spreading of the organism, and various epidemics have been caused in this way. In all cases the bacillus originally comes from the urine or faeces of a typhoid patient, and is taken into the body by the mouth.

Enteric fever may be spread by nurses and those in attendance on a patient, unless the utmost care is conscientiously exercised, as in this case the patient may have come in contact with a person who was attending a case of enteric fever, and whose hands may have been soiled by excreta. Thus she may have indirectly conveyed the organism to herself.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Linda M. Smith, Miss Rosa Kisby, Miss F. Gladys Steel, Miss A. Harding, Miss E. E. Hall, Miss Dora Vine, Miss Madeleine Butter, Miss Henrietta Ballard, Miss G. A. Johnson.

Miss Linda M. Smith points out that the injection of anti-typhoid serum has done much to lower the incidence of typhoid fever, and has been very successful in protecting the troops in the present war.

QUESTION FOR NEXT WEEK.

What practical suggestions can you make for checking waste, or effecting economies, in hospital and poor law infirmary administration?

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