

comparatively free. . . . The value of careful home treatment from the onset of the disease and of the early assistance of a trained nurse is generally recognised. It is thus hoped to anticipate and prevent the complications which form so serious a menace, and the economy of this prevention would be incalculable.

Until recently there has been some difference of practice among the district nursing associations as to attendance upon measles and other infectious diseases. Some associations forbid their nurses to attend such cases except by special permission, and it has happened that the services of district nurses could not be obtained by reason of restrictions laid down in their rules. On this the Committee have had the advantage of the advice of Dr. Foord Caiger, whose long experience as medical superintendent of the South-Western Fever Hospital entitles him to speak with special authority. Dr. Caiger sees no reason why district nurses should not deal with cases of measles or whooping-cough in the ordinary course of their duties, if they are reasonably careful in taking precautions. The Committee are indebted to him for a code of simple rules, which they commend to the consideration of District Nursing Associations generally.

Dr. Rundle, of the Liverpool Institution at Fazakerley, writes :—

My experience here has satisfied me quite positively that one who nurses any of the three diseases named (measles, German measles, and whooping-cough) is not on that account a danger to her fellow-workers or to her other patients, but there is a public sentiment to consider which is critical. My nurses here have been in the habit of dealing with measles, whooping-cough, and rubella, together with other diseases in one ward. In a recent communication to the Royal Society of Medicine we quoted many hundreds (now amounting to two or three thousands) of mixed cases treated in one or more wards, where the only measures taken to restrict the spread of infections were those of nursing asepsis. It is quite clear that nurses in attendance are in no way *ipso facto* a danger to third persons.

Dr. Biernacki, of the Plaistow Hospital, says :—

Looking to the slight tendency of measles to spread indirectly, visiting nurses have an excellent chance of averting transference if proper precautions are taken . . . and, on the whole, the chance that visiting nurses, or contaminated articles carried by them, might transmit whooping-cough, seems as small as in the case of measles.

The Committee therefore advise that, given suitable training and special instruction, district nurses, acting as they do under rule and supervision, may safely be trusted to undertake

the nursing of these diseases in the course of their ordinary work.

It is, of course, difficult to furnish any definite estimate of the cost of nursing cases in their homes during a measles epidemic; so much depends on the circumstances. According to an analysis of the Paddington notifications at the height of the recent epidemic about 40 per cent. of the patients were children under three years of age, and such would presumably need more attention, both by the nurse and in the intervals of her visits. It has been suggested that when there is no relative to act under the nurse's directions, a tentative use might be made of "home-helps," or similar assistance of a domestic kind. This, of course, would, if successful, extend the scope of the nurse's round. The ordinary "home-help" could probably not be trusted to take precautions with regard to infection, and her services would accordingly have to be restricted to particular cases. But as home conditions so greatly affect the chances of recovery, it would probably be useful to make arrangements of the kind to help with the housework in cases where the mother was laid up or was herself occupied in tending the children. Some such organisation would seem to be a necessary adjunct to district nursing generally. The work of nursing measles may fairly be expected to be lighter in proportion to the earliness of the nurse's arrival on the scene, and the consequent prevention of the dangerous and tedious complications which follow on initial neglect.

#### RULES TO BE OBSERVED WHEN NURSING CASES OF MEASLES AND WHOOPING-COUGH.

N.B.—In these diseases the infection is conveyed by the breath and by the mucous secretions, and discharges from the patient's mouth and nose. Great care must therefore be taken as to the disposal of everything contaminated with them.

A separate apron or linen overall must be worn when attending a case of infectious disease. This should be kept at the patient's home, and put on by the nurse immediately on entering the room, the sleeves of her uniform, when not detachable, having previously been turned up.

When possible, any feeding vessel, cup, spoon, or fork used by the patient should be kept for his own separate use. If this is impracticable, the article should be boiled after use by the patient.

All pieces of lint, rag, or cottonwool used as swabs for wiping up or receiving discharges from the mouth, nose, eyes, or ears must either be at once burned or placed in a dressing tray,

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