

### OUR PRIZE COMPETITION.

WHAT IS THE DUTY OF A PRIVATE NURSE WHO HAS BEEN EXPOSED TO THE INFECTION OF (1) SCARLET FEVER, (2) DIPHTHERIA, (3) MUMPS BEFORE PROCEEDING TO ANOTHER CASE?

We have pleasure in awarding the prize this week to Miss W. M. Appleton, University College Hospital, Gower Street, W.C. 1.

#### PRIZE PAPER.

Prophylaxis, or prevention of the spread of disease, constitutes an important part of a nurse's duty after attendance on cases of acute specific and febrile diseases; its successful carrying out depends on a conscientious application of hygienic and scientific methods of disinfecting any media which spreads infection.

A knowledge of the period of exposure enables a nurse either to pass through a stage of quarantine or to take every precaution against conveying infection from case to case.

For infection to occur there must be introduction into the body of an active pathogenic organism, and susceptibility of that body to the disease.

Of the different modes of infection the two most to be reckoned with by the nurse are fomites and carriers. Fomites are articles which have been in contact with a person suffering from an infectious disease. The term "carrier" indicates either a person who, having recovered from the disease, still harbours the germ for some time, or one who, after contact with an affected person, carries the germ in nose, throat, or intestines, and, without developing the disease himself, transmits it to other people.

After a patient ceases to be infective, a period of convalescence, varying according to the disease, he is given a disinfectant bath and provided with clean, uninfected clothes, and removed from the sick room. The room and all things which have been in contact with him are then subjected to rigorous disinfection.

The nurse should herself have a disinfectant bath, wash and disinfect her hair, and put on clothes which have not been in the infected area.

A suitable aperient should be taken to cleanse the system. Hairpins should be soaked in carbolic. Washable garments should be soaked in lysol, and other clothing should be spread about the room and books opened; then strips of paper pasted over all crevices in door and window, while formalin or sulphur candles are burnt and the fumes penetrate their substance.

After exposure to infection, books, clothing, &c., may harbour germs for considerable periods unless thoroughly disinfected.

The value of sunlight and fresh air should not be underestimated as a natural and efficient means of disinfection.

Immunity, that antagonistic condition to germ development which prevents infection taking place, is closely allied to prophylactic treatment. This condition is either natural or acquired; in the latter, active immunity may be produced by various injections of bacterial culture or vaccine treatment. Special care after scarlet fever lies in remembering that the most dangerous time for spreading infection is during the desquamation period, which process is often prolonged while the patient is apparently well.

Particular attention should be paid to antiseptic cleaning of mouth, nose, and throat, where virus may remain active for a considerable time after infectious contact.

The quarantine period is comparatively short—about ten days at the latest; this renders epidemics of the disease more controllable.

In diphtheria the Klebs Löffler bacillus is associated with exudation on a mucous membrane producing a membrane. A specially sterilised swab to collect particles of false membrane should be taken of the throat of any person after contact with diphtheria, and he should be isolated till bacterial examination gives a negative result. A precautionary method of injecting anti-toxic sera is also used sometimes. Frequent use of antiseptic gargles is admirable.

In mumps the quarantine period is twenty-four days, and in addition to the inflammation of the salivary glands, particularly the parotid, there is a tendency to metastatic inflammation of the testes in males and of the breasts in females. Sometimes the latter symptom may be more marked than the first, and at first mislead diagnosis and hinder the guarding against infection. Particular care is needed in cleansing the mouth, nose, and throat after contact with this highly infectious disease. The general rule is special attention to all points of personal hygiene and a vigorous carrying out of the laws of disinfection when dealing with infectious diseases.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss P. Thomson, Miss N. James, Miss I. Burgess.

#### QUESTION FOR NEXT WEEK.

What advice would you give, as a midwife, to a patient in danger of losing her flow of milk? Supposing that she is unable to feed her infant, what alternative feeding would you suggest.

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