

drainage, stools should have a cupful of unslaked lime and hot water added to them, and allowed to stand before being buried in the earth, or, better still, burnt well away from any dwelling place or water supply.

The physician may also give Salol as an intestinal antiseptic, and urotropine as a urinary antiseptic.

The spread of *Scarlet Fever* is mainly by secretions of the nose and throat, and discharges from the ear, and by germs which may remain infectious for months. The desquamation period is the most dangerous for spreading the disease; therefore, infected persons should be isolated until all desquamation and nasal and aural discharges cease. It is advisable to rub a mild antiseptic oil over the body during desquamation period, to prevent the dry flakes spreading, and nurses should wear rubber gloves to do this. Nasal and throat sprays and mouth washes of mild antiseptic will doubtless be ordered and given frequently.

The exciting cause of *Diphtheria* is the Klebs-Loeffler bacillus, or bacillus diphtheriæ. This infectious material is coughed and spit up from the throat, and is found in the nasal and aural discharges. Local antiseptics and alkaline lotions will doubtless be ordered by the doctor, to be applied freely and frequently to the affected parts, and the diphtheria anti-toxin injected to cure the disease.

Chicken pox (Varicella) is characterised by a rash, first papular then quickly becoming vesicular, and contains either transparent or turbid fluid. As children are more frequently attacked than adults, any severe itching may cause the child to scratch scabs off the vesicles, producing scars or ulceration, and adding to the risk of transmitting the disease to others. Spots should be dusted with an antiseptic dusting powder, and if much itching is present, soothing lotions or ointments, as morphine and lead lotion, or carbolic ointment will probably be ordered, to be applied on lint. Spots may appear on the palate, buccal mucous membrane and tongue, hence the need of frequent cleansing by antiseptic gargles and mouth washes.

In dealing with these diseases all the general rules of prophylaxis must be carefully and conscientiously observed.

Repeated bacteriological examination of apparently well patients is necessary to determine if bacilli still remain, and to guard against their becoming "carriers." Also, it should be remembered, those in contact with infected persons, though healthy themselves, may transmit the disease to others by carrying germs in nose, throat or intestines.

Very special care must be taken of the mouth and throat; if patient is too ill or too young to use the tooth brush himself, a mouth tray should be placed near the bed with a jar of diluted peroxide of hydrogen or boracic and glycerine, and a jar of 1 in 20 carbolic to receive used swabs.

All dressings, swabs, etc., and any discharges should be burnt at once.

HONOURABLE MENTION.

The following competitors have received honourable mention:—Miss Alice M. Burns, Miss K. Swift, Miss E. O. Walford, Miss Mary Lawson, and Miss Jean McKinnon.

Miss Alice M. Burns writes:—"Sufferers from pulmonary phthisis should be warned of the danger of spitting in public places, and recommended to provide themselves with the suitable pocket receptacle which is obtainable for the purpose."

"The bacillus of Diphtheria may find a lodgement in any of the mucous membranes of the body. Hence we may get laryngeal, nasal, or vaginal Diphtheria. The discharge from each surface is infective, and in the first two cases the breath and saliva are infective also. In vaginal Diphtheria the patient should wear a pad, which must be changed frequently. Feeders, etc., in all the above-mentioned cases should be kept separate, and boiled for ten minutes twice a day."

Miss K. Swift writes:—"Flies are a source of danger, and if uncovered they will settle on excreta, and thus carry the infective bacillus to articles of food. Also, in very septic cases, flies will, if permitted, settle on the patient's face. This should be prevented by arranging a fine net over the head of the bed."

Miss E. O. Walford says:—"A phthisical patient should not kiss anyone, and should sleep in a room alone, the floors, walls, furniture, etc., of which should be daily dusted with a cloth damped in disinfectant. . . . After defæcation or micturition the patient should be washed with weak lysol, and the nurse most carefully cleanse and disinfect her hands after attending to the patient.

"To disinfect a room it should be kept airtight for twenty-four hours, after placing formalin tabloids on a metal tray over a lighted spirit lamp."

QUESTION FOR NEXT WEEK.

Name and differentiate between the different kinds of hæmorrhage met with in pregnancy.

Will competitors kindly note the rule that the words "Prize Competition" must appear on the envelope.

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