

## OUR PRIZE COMPETITION.

STATE IN DETAIL WHAT PRECAUTIONS MUST BE TAKEN WHEN NURSING A CASE OF TYPHOID FEVER: (a) TO GUARD AGAINST SELF-INFECTION; (b) TO PREVENT THE SPREAD OF INFECTION TO OTHERS.

We have pleasure in awarding the prize this week to Miss S. F. Rossiter, Sisters' Quarters, Royal Naval Hospital, Haslar.

### PRIZE PAPER.

Typhoid or Enteric Fever is one of the contagious diseases where the infection can be classed as "controllable," and if nursed under average hygienic conditions, with due regard to the simplest details of self-protection, it should not be easily contracted by those in contact.

It is, however, in the simplicity of detail that the danger lies, for, in one thoughtless omission of attention to detail, much elaborate care may be completely frustrated.

The active virus of the disease—the bacillus typhosus—is present at all stages of the attack, in the emanations of the alimentary tract, the urine, blood and sweat; therefore, disinfection of any discharges must be the first aim; failure in this may not only result in self-contamination, but may prove a danger to the community.

Stools and urine should be mixed with a solution of carbolic acid, 1-20, covered with lid or cloth wrung out in same, and left for at least one hour before emptying. The handle of bed-pan (if an open one) should be plugged with tow or rubber plug to prevent escape of contents. The bed-pan and urinal *must* be kept apart for the exclusive use of patient. If it is not possible to reserve a sluice or lavatory for the sole use of the patient, the greatest possible care must be taken after emptying of discharges.

It is imperative that a good flush of water is obtained, and where there is a lid to pan that can be lifted, this must be observed. After flushing pan with water, pour in disinfectant and wipe away any unavoidable splashing with cloth soaked in disinfectant.

Soiling of bed linen with the discharges must be avoided; should it occur it must be immediately changed and kept covered with disinfectant until such time that it can be removed for boiling or stoving.

The receptacle for holding linen should have well-fitting lid—in private houses where equipment has to be improvised, the galvanised zinc sanitary bins can be used, and are easily and cheaply obtained from local health department. Feeding utensils, &c., must be distinctly marked and reserved for patient's sole use,

washed and dried apart, and cloth used for drying treated as infected. Swabs, tow and rags used must be burned or kept moist with disinfectant until burning can take place. Fomites must be treated in the same manner.

Now we come to the most important detail of self-protection, *i.e.*, care of the hands. Before commencing her duties, the nurse must see that her nails are closely cut and her sleeves rolled back; after treating patient, or contact with the discharges, the hands and nails must be thoroughly scrubbed with soap and water, and rinsed in disinfectant. Meals must never be taken with patient, and always before taking her meals the apron or gown worn at the bedside should be removed and hands disinfected.

It is difficult to draw the line between (a) self-protection and (b) spread of infection to others, for much of the second is embodied in the first. The main factor is careful disinfection of all the discharges; failure in this may infect drainage over a large area, the presence of infection in oysters and other shell-fish being evidence of this. The food, milk, and water supply must be guarded against contamination, being excellent media for germ growth. Pen or pencil used by patient in convalescence must be destroyed, for often the dangerous habit of biting same is unconsciously indulged in.

When patient is pronounced free from infection a disinfecting bath should be given, and complete change of clothing and bedding.

All utensils should be immersed in disinfectant, and, where possible, boiled. Rubber apparatus should be destroyed, and bedstead carbolised. Bedding should be disinfected.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss F. M. Collier, Miss Linda M. Smith, Miss Margaret Hurley, Miss P. Thomson.

Miss Margaret Hurley writes: "The great danger of infection lies in contamination of the stools and urine—these teem with typhoid germs—also in a lesser degree from the patient's breath. Absolute cleanliness is essential. The patient should be sponged frequently and thoroughly; apart from the value of such treatment as reducing a high bodily temperature. Linen should be changed as soon as it is soiled, as any faecal matter which is allowed to dry on the sheets is a most fertile source of infection."

### QUESTION FOR NEXT WEEK.

What do you know of shingles? What is the meaning of the term, and what is the usual treatment?

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