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LECTURE.

THE NURSING OF INFECTIOUS DISEASES. By D. MacIntyre, Esq., M.D., D.P.H.

In commencing his lecture, Dr. MacIntyre gave a description of the different terms used to characterise the various infectious diseases. He stated that such diseases existed as far back as history goes. In the history of England you find many references to famine and subsequent pestilence, the latter arising from a low condition of health owing to shortage of food. People in the early times had little idea of storing food, and after, perhaps, two bad seasons, disease and pestilence were apt to become rampant; they did not then understand that there were different types of infectious disease, and so they frequently described any number of types under the term ' There have been recurrent outbreaks of infectious disease that were very widely spread. Plague, for instance, arose in the East in the seventh century, then reached Europe and this country and passed over to Ireland, where only a third of the population was left alive. Again, in the fourteenth century, a more or less similar pestilence arose, and this also had its origin in the East. There were occasional outbreaks right up to the times of Elizabeth and Charles II., but in 1666 the Great Fire arose and the plague more or less died out. We find references to other diseases in the course of the history of the middle ages; there were some fever hospitals and pest houses, but they were of little value owing to overcrowding and ignorance regarding disease. In the reign of Queen Elizabeth we find the first mention of small-pox, but it does not appear to have been the deadly disease that it ultimately became until the seventeenth and eighteenth centuries. Gradually the different diseases began to be recognised, but the chief difficulty in combating them arose from the fact that those treating them did not know the cause. They knew nothing about micro-organisms. In the late seventeenth century Leeuwenhoek, a Dutchman, was in the habit of making examinations under lenses. He may be regarded as the first inventor of the microscope. He discovered many minute organisms in water, but never dreamt that they were the bearers of disease. Then came Pasteur and our great countryman, Lord Lister, with their discoveries of the causes of infection and its prevention; they found whole kingdoms of micro-organisms.

Dr. MacIntyre then mentioned some of the ways in which diseases are propagated. Most people believe that they can be spread through the air, but this does not give rise to infection to the extent usually believed. Bacteria are very delicate organisms and do not live long outside the body; moreover, they will not travel far. The most important point is to have thorough sanitation where infectious diseases are being nursed and adequate air space and ventilation. It is most important to observe absolute cleanliness in regard to the utensils used and

strictest attention should likewise be given to cleanliness of hands, handkerchiefs, etc. If the utensils we use in nursing infectious cases are sterile, and if there is good ventilation, the risk of spreading infectious disease is small. Articles of food, such as shell fish, milk, fruit, often carry infection, and flies and other insects are important factors in the propagation of infectious disease. It is also to be remembered that, when a patient has got over the acute stage of the disease, he often harbours organisms for a long time; in the case of diphtheria or typhoid, it may be weeks, months or even years. Again, bacteria enter through the mouth and throat, and sometimes through inoculation, as in malaria.

From very early days the value of isolation was recognised, particularly in connection with leprosy. When the plague invaded London in Elizabeth's reign, people were terrified and all who could cleared out. Parliament was prorogued, the Law Courts were closed and the Queen and her Court moved to Windsor. In the centre of that town she had a gallows erected and anyone who came from London and risked bringing infection to the town was hanged. Even doctors fled from London, but the poor had to remain where they were, and the pest houses were quite inadequate to be of any use, so that a very terrible condition of affairs resulted.

Henry VIII was the first to issue laws in regard to health. He gave orders that anyone afflicted with the plague should remain indoors, and that anyone who came out of a house where a person was suffering from it should carry a six-foot long white staff to show that he was a contact; refuse had to be carried out of the house at night and burnt. Such were the first laws of hygiene in England. At Poole there were several pest houses, and at one time no one could be found who would nurse the patients. A woman, condemned to be hanged, was offered a pardon if she would, and she agreed to do so, but she was hanged afterwards nevertheless. In medieval times there were very few hospitals which could be regarded as fever hospitals, and when an epidemic arose it fell with great virulence upon the over-worked. Moreover, they ran the risk of contracting other infections when they entered the hospital. This was so evident that certain doctors insisted that it was wrong to collect fever cases in one centre as that concentrated many poisons on one spot; but those who thus condemned such a course had to suggest an alternative, and the alternative suggestion was to "dilute" the fever patients by putting them in the general hospitals with other patients. Needless to say, this only led to a greater spread of fevers, and at last it was pointed out that the fever hospitals were not suitable. They were too small and overcrowded, and ultimately they were enlarged, with good results, so that, in 1866, the fever hospitals regained their reputation; subsequently powers were given to Local Authorities to build such hospitals and charge them and their maintenance to the rates.

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