There are separate hospitals for small-pox. A modern fever hospital has large windows with twelve feet between each bed and an allowance of two thousand cubic feet of air space round each bed. Usually there are separate blocks for each disease, and this limits the risk of cross-infection, although it is to be remembered that patients sometimes come in suffering from a definite disease, such as scarlet fever, and it is found that they have the germs of diphtheria in their throat. In most modern hospitals a proportion of single-bedded wards open on to a veranda and the walls of these single-bedded rooms are of glass, so that, from the duty room in the centre, the nurses can observe patients so isolated. It was believed in 1866 that by persevering in methods of isolation the different infectious diseases could be stamped out, but this has been found to be impossible. The main factors in combating infectious diseases are through general sanitation and direct sunlight.

Dr. MacIntyre referred to the wonderful faith which some people have in disinfectants. Even to this day there are women who insist on burning old boots when anyone is ill in their house, in the belief that this will prevent infection. Disinfectants are little used in modern fever hospitals, but general cleanliness is relied upon. Again, much faith is professed in antiseptics, and one reads all sorts of advertisements of things to be given to prevent people from contracting influenza; these have very little value. Far more important it is to have good ventilation and to use plenty of soap and water with what is known as "elbow grease." In fever hospitals everything is aseptic and, in fact, the *régime* is much the same as that the surgeon follows—when he operates, every material thing near the wound is sterile. The same must apply to the utensils used in a fever hospital. These should be kept sterile, and soap and water are probably the best disinfectants.

A good example of the progress made in combating infectious diseases is found in connection with diphtheria. About thirty years ago people used to swab the throat to get rid of the membrane, but it often grew again. They thought that if there were much membrane the patient would die and if there were little then the patient would recover. Now, when we use anti-toxin, the membrane can be left alone, and anti-toxin has been found invaluable in the treatment of diphtheria, but it must be given early and in sufficient quantities. It has no effect on the organisms; a person who has recovered through the use of anti-toxin can still harbour the germ of diphtheria in his throat, and he is not free from infection until his throat is clear of the germ. Another step, in the prevention of diphtheria, is the removal of adenoids and tonsils; these can be fruitful media for harbouring germs. Furthermore, where there are germs in the throat, examination has to be extended to showing whether such germs are still virulent.

Dr. MacIntyre next referred to immunity, and gave some particulars regarding that. He described at length the different ways of producing artificial immunisation. He next spoke of the Schick test and told how, if a little of the toxin of the diphtheria germ were injected into the skin, a red mark would result in a person susceptible to diphtheria; by this means it could be discovered whether a person were immune or otherwise to the disease. If he is not immune then he can be made so by repeated injections of the toxin and anti-toxin. Toxins can be very dangerous, and the lecturer described how the danger can be reduced. Such immunisation is carried out largely in institutions. The probationers in fever hospitals are mostly young girls from the country, and at one time they were very liable to contract diphtheria. They are now protected by the Schick test to a very great extent, although cases sometimes do arise. In 1932 certain people allowed their throats to be sprayed with the germs from the throats of people infected with scarlet fever, and it is now an accepted fact that certain streptococci are responsible for this disease. Through the Dick test, which Dr. MacIntyre described, people can be immunised from scarlet fever, although it is not quite so reliable as the test used for diphtheria.

The lecturer next spoke about the word "disease," saying that to understand it one should put equal emphasis on both syllables and realise that a person is only at ease when every organ is healthy and every one is co-ordinating with the others. If poison enters the system, one or more organs are upset. Fevers follow a certain course, and Dr. MacIntyre described the process of incubation and followed the disease through its different stages, mentioning certain diseases in which the onset is rapid and others in which the incubation period is longer. With regard to treatment, there is a specified treatment which is used in some diseases, such as anti-toxin in diphtheria and scarlet fever and quinine in malaria. Serum, when it has to be used, should be injected into the tissues as early as possible; if injected late in the disease it does little good. Dr. MacIntyre also stated that the general treatment of infectious disease lies mainly in the nursing; the nurse in these cases is of far more value to the patient than the doctor. She must see that the patient's strength is conserved as far as possible. He must be made to rest on the back to avoid strain on the heart, the surroundings must be favourable, the different organs, such as the kidneys and skin, must be watched, and there must be a liberal supply of fluid, as this helps to dilute the toxin and flush away the poison through the kidneys and the pores. It is to be remembered that food must be given with very great care while, at the same time, attention must be directed to keeping up the patient's strength. During the course of infectious disease the digestive organs and the alimentary tract work under great difficulties, and frequently constipation is a result. The importance of sleep was emphasised, and lastly the lecturer again referred to the supreme importance of skilled nursing, stating that many a patient was brought back from the brink of the grave by sheer force of good nursing. One nurse would sometimes save a patient's life, while another, equally well trained, might have his death on her hands. Doctors cannot do so very much: always the important part lies with the nurses. Several questions were put to the lecturer.

In thanking him in the name of the Members present, Miss Macdonald said that Dr. MacIntyre had not only succeeded in giving, in the space of one short hour, many important aspects of the nursing of fever cases, but also he had included interesting points on the history of nursing as it relates to fever nursing. A very wonderful chapter on nursing history might be written by anyone who followed some of the signposts indicated by Dr. MacIntyre's references in this respect.

NOTICE TO MEMBERS.

The Executive Committee will shortly be arranging for the Election of Members to fill vacancies on the General Council arising under Bye-law XVII. Will Members kindly send up the names of any whom they wish to nominate to the Secretary not later than April 21st. Only Members of the Corporation are eligible for election.

RAMBLE.

Miss Liddiatt has arranged that the charabanc for the Ramble to Winchester will leave 194, Queen's Gate not later than 9.30 a.m. on Wednesday, April 19th. Members intending to join it should send their names to the Secretary at once.

194, Queen's Gate,
London, S.W.7.

Isabel Macdonald,
Secretary to the Corporation.

previous page next page