

THE PREVENTION OF INFECTIONS IN CHILDREN'S HOSPITALS.

Both parents and doctors have always dreaded sending children to hospital lest they contract some infectious diseases, such as measles or whooping cough. This fear has less justification now than it had a generation or two ago, but it still exists and with a certain amount of justification. It is true that much has been done to reduce the risk by the employment of separate cubicles for each patient. But the isolation effected by the cubicle system can never be complete. The little patient is taken elsewhere in the hospital for a radiological examination, somewhere else for a throat-and-nose examination, and so on. There are also the doctors and nurses who come and go, not to mention friends and relations.

This problem is so important that the International Pediatric Association put it as the first question on its programme at its meeting in September, 1935. Many of the speakers at this meeting, distinguished specialists in diseases of children, expressed their grave concern over the many facilities still existing for the accidental infection of children in hospital. One speaker, Prof. Husler, of Munich, went so far as to state that hospital infection must be regarded as the most crucial problem at the present time of children's hospitals. In spite of all the regulations put into force such as repeated disinfection of rooms and furniture, the wearing of blouses and face masks, the frequent washing of hands and the restrictions put on the visits of friends and parents, the problem still exists.

An important contribution to the solution of this problem has recently been made by Prof. Robert Debré, of the Hérold Hospital in Paris. In a communication to the French Academy of Medicine, he gave an account of a system which has already been at work in his hospital for 18 months and which has given most encouraging results. The outlay in money may be considered to have been more than compensated for by the comparative freedom from hospital infections secured. This new system has consisted of the appointing of a doctor as a whole-time specialist devoted to the prevention of hospital infections.

His first duty when he comes to hospital every morning is to visit each newcomer among the children and to fill in a report which is attached to the temperature chart. In this report an account is given of all the infectious diseases the child is immune to, either because they have already been acquired or because artificial immunity has been achieved by vaccination. The report also mentions all the infectious diseases the child is likely to contract. In this way the child's relations, past or future, to all the more important infectious diseases are systematically charted. It is also the duty of this specialist to familiarise himself with all the comings and goings in the hospital likely to affect the child.

In order to ascertain whether a child is likely to contract diphtheria or scarlatina, this specialist carries out the Schick and Dick tests. He also keeps a look out for whooping cough, and wherever he suspects it he takes a bacteriological culture in order to discover the Bordet-Gengou bacillus of this disease. The problem is particularly difficult with regard to the alleged carriers of diphtheria. For bacilli may be cultivated from the throats of these persons and so closely resemble genuine diphtheria bacilli that straining and examination under the microscope will not settle the matter. It is necessary to study the reaction of the suspect bacilli on a guinea-pig. If the guinea-pig test is satisfactory, the suspected carrier of diphtheria bacilli may with safety be discharged as innocuous.

Having obtained all the information he set out to seek, the specialist now takes action, vaccinating each child

against those particular diseases to which he or she is particularly liable. If, for example, there is a genuine risk of a child contracting measles, he or she is given an injection of the serum of another child who has recently recovered from this disease. The same principle can be applied to children threatened with whooping cough or even with infantile paralysis.

In Prof. Debré's hospital, this system has proved so successful that only 20 out of 677 children exposed to infection with measles have actually contracted it. In many of these 20 cases the infection occurred early in the new scheme, when it was still working imperfectly, and Prof. Debré finds at the present time his scheme is eliminating practically every hospital infection with measles.

The solution of this problem of hospital infections does not, or at any rate should not, end with the child's discharge from hospital. Whether he or she is sent home or to a convalescent camp or any other institution, there is a certain risk that some infection or other may be picked up on the way or in the child's new quarters. The specialist attached to the Hérold Hospital accordingly makes a point of sending to the family doctor or to the doctor in charge of a school or any other institution to which the child goes, all the necessary information with regard to the child's past. In this way the supervision the child enjoys in hospital is continued after discharge.

Professor Debré has found that the putting into practice of his scheme has had a wonderful educational influence on all who have had to do with it. Not only the staff of his hospital, but also parents of the children have learnt how the observation of certain elementary precautions can be rewarded by comparative freedom from acute infections. Prof. Debré is so confident of the future of his scheme that he anticipates that it will one day be as essential a part of the organisation of a children's hospital as is the social service system already at work in all well organised hospitals.

(Communicated by the Secretariat of the League of Red Cross Societies.)

MEALS FOR TODDLERS.

Our French friends have a saying that it is the first step that matters. All too tardily we are awakening to the realisation of its profound truth, so far as our future citizens are concerned. Hitherto we have been content with patching up, as far as may be, when the mischief becomes apparent, a method equally ineffective and costly. As Sybil Lady Rhondda observes in a foreword to "Meals for Toddlers, Nursery Schools, etc." (Food Education Society, 29, Gordon Square, W.C.1, post free 3½d.), children's health "may be made or marred" by their food in the first few years of life. Accordingly, mothers and others who desire to "build strong and intelligent men and women" cannot bestow too much attention upon their diet.

Their task will be greatly facilitated by the issue of this little book. Prepared by experts and submitted for criticism to those specially concerned with this aspect of child welfare, it seems assured of a welcome no less cordial than that given to its predecessor, "Meals for Day-School Children."

The contents include a series of notes, framed in simple language, which furnish the over-burdened mother with just the guidance of which she stands in need. They are followed by specimen meals for a week with recipes for the dishes. Finally come lengthy lists of foods and drinks suitable and unsuitable for little children. The booklet is attractively printed and supplies in handy form a mass of information. All charged with the care of young children, including heads of nursery schools and classes, will find it of inestimable value.

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