

G. *Some diseases* are said to be airborne as we cannot always account for their spread in any other way, e.g., influenza, pneumonia, smallpox.

Then apart from definite sources of transmission there are also many predisposing causes to infection, e.g.,

1. *In sanitation.*
2. *Bad social conditions*, slums, vermin, poverty, where the people are unable to maintain a high resistance because of their living conditions.
3. *Insufficient fresh air*, whether it is acute overcrowding in a stuffy hall, or chronic overcrowding, again in poor communities.
4. *Carelessness and inattention* to the rules of health, foolish dieting, sitting in damp clothing, alcoholism, in fact anything that will lower the body's resistance.
5. *National disaster* predisposes to infection as existence becomes very primitive. A good example of this is the cholera epidemic raging in Shanghai at the moment; floods, earthquakes, wars all bring infection in their train.

PRECAUTIONS AGAINST THE SPREAD OF INFECTION.

1. *The first precaution* must be the attention of the individual to his own health, a practice of personal hygiene, the formation of good habits, no excesses. By maintaining a high standard of physical fitness, infection may be avoided.

2. *Communal hygiene.*—It is essential that the authorities provide good sanitation and pure water supply. Slums are being pulled down and the local health bodies have the power of dealing with anything detrimental to the health of the community.

3. *Nowaday tests* are being performed to show susceptibility to certain diseases, e.g., the Dick test for scarlet fever and the Schick test for diphtheria. Susceptible school children particularly are then being immunised against such diseases. Active acquired immunity lasting over a period of years can be created by injecting vaccines, i.e., emulsions of dead or attenuated germs, into the body. Short period passive immunity is procured in some cases by giving anti-toxin serum.

4. *Observation.*—This is an important precautionary measure among those who attend the sick, teach or look after children, or who have charge of clinics. Such signs as rashes, spots, discharging eyes and nose are noted at once, particularly during epidemics. Since school teachers and school clinic authorities began to work together, many epidemics have been prevented by early observation of an ailing child. Under this heading too we may put the taking of throat and nasal swabs.

5. *Notification.*—It is the law that certain infectious diseases are notified on diagnosis by the doctor attending the case. The notifiable diseases vary a little according to the country. Some of these diseases are notifiable to the local medical officer of health and some to the Ministry of Health itself.

The medical officers of health have the power to render any infectious disease notifiable if they consider this necessary.

6. *Isolation of infected people.*—People suffering from infectious diseases must be isolated from other people until they are quite free of infection. Carriers also are isolated. Swabs and specimens of excreta may be

obtained to ascertain if germs are still being harboured even after the symptoms of illness have abated.

7. *Quarantine.*—People who have been in contact with infection, or who are suspect, will be put into quarantine until they are safe to mix with other people. A school will be closed. A hospital ward will cease admitting patients.

8. *All infected property* must be disinfected. This may include the house or room occupied by the infected person.

9. *In attending infectious cases*, it is most important to ensure that infected excreta, swabs, dressings, food, etc., are disposed of safely. Waste food should be burned. Dressings should be burned if possible, if not disinfected before being put into a dressing pail. Excreta should be disinfected before going down the lavatory.

10. *These precautions* cannot be successful unless the people attending the infectious cases take due precautions themselves. Gowns are worn and masks sometimes. The hands must be disinfected after all treatments and before food. Clothing should be changed frequently.

11. *At the termination* of the disease, the patient is given a disinfectant bath and is dressed in clean clothing and does not re-enter the sick-room. Everything that has been used during the illness is disinfected and the nurse herself takes a disinfectant bath, washes her hair and changes her clothing.

12. *Supervision of the milk supply* is important in preventing some infections. Certified tuberculin-tested and accredited milks can be obtained. These are as pure as it is possible to obtain raw milk. Milk for infant feeding should be pasteurised and suspected milk boiled.

13. *A suspected water supply* must also be dealt with. Water can be boiled in the home or it can be chlorinated by the authorities.

14. *Finally* we have some special points which refer mostly to nurses. In performing any surgical treatment or preparing for it, strict attention must be paid to the rules of asepsis. Everything to be used must be sterilised. The patient's skin and the nurse's hands must be rendered surgically clean. An infectious person may be nursed in a general ward sometimes, but all his property, trays, crockery, etc., must be marked and kept separate and he should have a special nurse.

Then again in children's wards, each child must be provided with separate toilet utensils, brush and comb, towels, etc. While there is no tendency to mix such things in adult wards, children's belongings are easily mixed. Babies must have their own bottles and cans for them. In any sickroom, cleanliness is the rule, and a good supply of fresh air and sunlight (where possible) is advocated.

Last of all, a nurse must have a sensitive conscience which will not permit her to slack in any matter concerning surgical nursing, midwifery or fever nursing. As she cannot be overlooked all the time, she must be trusted to see that such a thing is sterile and that such and such precautions are being used.

QUESTION FOR NEXT MONTH.

What are the predisposing factors in tuberculosis? What are the main principles of treatment in Nursing? How can one prevent the spread of infection from an infectious consumptive?

[previous page](#)

[next page](#)