

swelling. Oedema may extend over a wide area around the bubo, and a subcutaneous haemorrhage may in the case of the groin buboes extend down the thigh, backwards to the gluteal region, and upwards on the abdominal wall. When the axillary glands are involved the swelling and oedema may extend over the chest, down the side to the ilium, and backwards to the scapular region. In the neck the effusion is at times sufficient to press upon the trachea and larynx.

The pain caused by the adenitis and bubo may be so great as to be excruciating, and causes the affected limb to be placed in a position calculated to best relieve tension ; the lower limb is flexed on the abdomen ; the upper limb placed away from the trunk, the patient lying on the back, or inclined towards, or altogether turned on, the affected side.

Septicæmic plague.

Although the term "bubonic" is usually associated with what is called true plague, it is now known that glands may enlarge and toxic symptoms develop without the formation of a bubo. The dose of poison seems so large that a general infection of the blood ensues and the patient is struck down suddenly without much chance of recovery. There is but little reaction after the onset ; the pulse fails from the first ; the temperature rises suddenly, it may be to a hyperpyrexic height ; the prostration is extreme ; delirium or coma may suddenly set in and continue to the end. The glands never attain a large size, although every gland in the body may be swollen. Deep and firm pressure may elicit pain over the groin, iliac, axillary, or cervical group of glands, but usually this is obscured by the mental condition of the patient. The septicæmic type is a very fatal variety of plague.

Pneumonic plague.

During the epidemic of plague in Bombay in 1896 attention was drawn by Childe to the abnormal number of deaths returned as "pneumonia." A bacteriological investigation of such cases showed that the plague bacillus was present in the sputum in almost a pure culture, and since that time the pneumonic variety of plague has been recognised as a distinct and very fatal form of the disease. The symptoms are—expectoration of a quantity of watery sputum, frequently tinged with blood, and occasionally some frothy mucus ; hurried

or laboured breathing, cardiac discomfort, restlessness, sleeplessness and early delirium.

Diagnosis.

Conclusive proof that a person is suffering from plague can be arrived at only by proving the plague bacillus to be present in the excretions, in the glands or periglandular effusion, or in the blood. But clinical evidences are usually sufficiently pronounced to suggest that the illness is due to plague. The sudden onset, the marked prostration, the mental aberration, the splitting headache, vomiting and nausea, backache, the rise in temperature, the furred tongue, when taken in conjunction with tenderness and pain in some one of the groups of glands are sufficient to indicate the necessity for a speedy microscopic search for the plague bacillus.

Pneumonic plague is apt to be regarded as simple pneumonia. The rapidity of the development of all the signs and symptoms are, however, peculiar to plague infection. The early delirium, the early signs of patchy pneumonitis, the presence of blood in the expectoration from almost the onset combined with extreme prostration would seem to indicate a specific form of illness. "Glandular" fever in children is apt to be mistaken for plague during an epidemic. Convulsions in children may usher in an attack of plague. Typhus fever, although an uncommon disease, presents several of the signs and symptoms characteristic of the plague, but typhus fever develops more slowly ; the rash is unlike the plague petechiae which are occasionally met with ; the prostration and the delirium come on at a later stage of the disease. Typhoid fever even may be confounded with what is called the "typhoid" variety of plague, but a 48 hours' study of the temperature will generally suffice to differentiate the diseases.

Prognosis.

The chances of recovery in individual cases are well nigh incalculable, as the most favourable appearances are sometimes delusive, and the most hopeless-looking cases may recover. In China, among patients under treatment by Chinese "doctors," over 95 per cent. of those attacked died. In India, 70 per cent. of natives who were attacked by plague and were, more or less, under European treatment died. Amongst white people the death rate is much less ; about 35 per cent. only died in India. In Sydney, 103 persons died out of 303 attacked.

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