

More often the gland sloughed away gradually, pus formed very quickly, and there was a tendency to its burrowing down, and presently forming a sinus. The brawny bubo is a much more troublesome affair—there is no fluctuation to be felt, and if left it will break down in two or three places on the surface, discharging a thin, unhealthy pus. Generally it was considered best to make two free incisions, one across the other, laying it well open. In either case all the unhealthy part had to be gradually cut away, and when quite clear a large, sometimes deep, cavity was left, which filled up very slowly. One thing, they were not very painful.

Most patients had only one or two buboes, while others would have a whole crop. To illustrate this, a little girl of eight years old was brought in with a bubo in the neck; soon she had three in the neck, followed by others in both axillæ, right and left groins, and a right femoral—all true buboes that suppurated, and had to be incised. Presently cellulitis of the right hand and arm set in, and was treated with iodine, mercury ointment, and poultices, but was difficult to get under. All the time the poor child had most persistent vomiting, and for a fortnight was kept alive with nutrient enemata; yet she made a good recovery, and in two and a half months she was discharged, cured. After that, we despaired of no one.

There was another form of plague called by some "black plague," on account of the pustules that formed on any part of the body independently of the bubo. They appeared as small black bruises, and from the first were intensely painful; those afflicted with them thought nothing of their buboes in comparison. The dark spot gradually spread in area, there was no elevation of the surface, but presently, when the limit was reached—it might be from one to three inches in diameter—a lighter line formed round, which soon separated, and showed a tough, flat slough, some $\frac{1}{4}$ -inch thick, that had to be thrown off before healing would begin. Hot poultices seemed the only thing to give relief. When the slough was separating it was dusted over with iodoform, and then the poultice applied. In the later stages of healing, wet dressings took the place of poultices, and then a simple ointment. Usually a patient had only one of them, but one old man had them on the backs of both hands, one elbow, and two on the fleshy part of the right thigh; his bubo was a right inguinal.

The complications are numerous—pyæmia, septicæmia, pneumonia, thrombosis of the feet, or legs, cellulitis, melancholia, violent mania, phthisis, retention of urine, suppression of urine, and uræmia—possibly others. The influence of

pregnancy on a female patient's chance of recovery was very marked—abortion always took place, and death more or less quickly followed.

One little woman I had strong hopes of pulling through, but pneumonia sapped the remainder of strength she had. This mortality might have been largely due to the bad conditions of our temporary hospitals, and the few antiseptic precautions we were able to take.

Many plague patients had spasms of the throat and jaw, which sometimes persisted until death released the sufferer. Delirium—mere mutterings in some cases, and violence in others—was frequent, and for this we gave bromides, or hypodermics of morphia. Violent sickness was also a very distressing complication. We gave ipecacuanha wine $\text{m}i$ in water $\text{z}i$ every ten minutes, and this was sometimes beneficial.

Chicken-pox and small-pox have both developed after some days in hospital, and eye troubles were frequent. This last was due particularly to the myriads of flies that were ever settling on the patients' faces, and devices of covering them with coarse muslin, or providing them with fans, were of little use to unconscious, restless patients, and many ulcers were the consequence. We tried to tempt the little pests away from the sick by placing saucers of coarse sugar in the corners, but it only seemed to bring larger numbers to such a happy hunting ground. These complications, of course, added to the gravity of the cases, though they did not necessarily render them hopeless. We had one typical case of pyæmia among others. It was of a Mahomedan woman, whose state had been concealed until the bubo, a right inguinal, had become a gangrenous, fetid mass. She was very weak, and on admission the gland, which separated without difficulty, was removed, the cavity cleaned out and dressed. From that time it began to heal, but she developed abscesses in both legs, and though the usual means—poultices, etc.—were tried, yet each had to be incised; ten such openings were made, her strength kept up with nourishing food, and she presently got well. When suppression of urine, or uræmia with fits set in, the termination was always fatal as far as my experience goes. Mania and melancholia usually passed off after a shorter or longer period. There was a curious phenomenon that took place after death, and was often to be witnessed. Some five or ten minutes after the last breath had been drawn, the body would visibly tremble, and this tremulousness would continue some little time, then gradually cease, after which the rigidity set in.

A nurse need have little fear of contracting this disease. The ordinary care of one's health, good food, rest, and the precautions taken in the

[previous page](#)

[next page](#)