

## Some Important Facts about the Bubonic Plague in Bombay.

(Continued from page 109.)

THE following interesting facts are taken from Mr. James Cantlie's "Remarks on the Treatment of Bubonic Plague," which appeared in the *British Medical Journal*:

### MEDICINAL TREATMENT.

**"Purgation.**—When the patient is first seen, the foul state of the tongue, the foul breath, the jaundiced tinge of the conjunctivæ, and a generally bilious aspect, suggest a purge. For this purpose calomel in 5-grain to 10-grain doses recommends itself. This is to be followed by a saline in some five hours' time. Against this treatment it may be argued that the drain upon the system and the lowering action of calomel are deleterious, but, if given quite early in the disease, and not when the pulse is flagging, it undoubtedly seems to do good. It frequently stops vomiting, which is often present; it clears away the jaundiced aspect, it restores the power of taking nourishment, and it seems to diminish mental aberration and cardiac distress. If a full gall bladder justifies the exhibition of calomel, *post-mortem* evidence of that condition is not wanting. So far as is known, bacilli of plague escape from the body in greatest numbers by the bowel. In the breath, sweat, or urine, bacilli are but sparsely met with, but in the fæces a rich supply is found. This points to the necessity of ample disinfection as being requisite for all latrines, bed-pans, closets, &c., but it also proclaims as justifiable and rational the attempt to assist Nature in expelling the poison of plague by a free action of the bowels.

**Stimulation.**—From the very first onset, or certainly after twenty-four or forty-eight hours, it will be found necessary to stimulate the plague patient by food, by alcohol, or by medicine.

**Food.**—Unless the patient is actually delirious there is not usually much difficulty in feeding plague patients. In fact, in comparison with allied ailments, appetite is wonderfully good. One encourages this in a general way, but the occurrence of sudden death supervening after the ingestion of a full bowl of rice, for example, and its accompaniments, in the case of Chinese patients on several occasions, leads one to the belief that a full meal is not without its danger. The heart is in such a condition that it takes but little to disconcert its rhythm, and the pressure consequent upon a full stomach is calculated to do this. Food should be in small quantities, frequently repeated and of a kind

which is easily digested. Brand's essence of beef, in fluid or jelly form, is excellent, but any beef jelly will do. Ox tail soup, mutton broth, beef and chicken tea, should be constantly on hand to suit the varying palate of the patient. Conjee water—that is, the water in which rice is boiled, is useful as a drink, and serves as nourishment. Milk with ice (sipped slowly) and ice cream (Lowson) are particularly grateful.

**Drink.**—Thirst is at times a marked symptom, and its relief should be attended to by allowing the patient anything in reason. Ice to suck, if not kept up too long; water, or lemon and water, (not lemonade) to drink, if not in such quantity as to distend the stomach; beer and stout iced, especially for Europeans, is "at once stimulant, soporific, nutritious, and thirst quenching" (Lowson). Brandy or whisky diluted with not more than three or four times its quantity of water (not aerated waters) should be freely supplied. When the pulse shows signs of failing, or collapse or faintness supervene, then of course alcohol is doubly beneficial, and brandy is preferable to whisky as a cardiac stimulant.

**Delirium.**—When active the delirium of the plague is best combated by cold to the head. Leiter's coil would be perhaps the readiest method, provided the patient could be kept still, but an ice bag or a constantly wetted cloth is efficient. These applications, combined with tepid sponging of the body at frequent intervals, seem grateful to the patient, are useful means of reducing temperature, and seem the safest and readiest method of quieting active delirium."

We learn from a nurse, who has recently returned from Bombay, that when she left India the accommodation for those who were willing to go into hospital was sufficient, but that the difficulty of nursing the natives, when plague-stricken, arises from their objection to enter the hospitals. They therefore hide themselves in their own houses, and numbers of them are found dead in the street. (We believe that it is a Hindoo habit to lay the sick on "mother earth" to die, and doubtless this custom accounts for the number of plague-stricken people who die in the streets.) A ward has been devoted to plague cases at the European Hospital; and at the Jamsetji Hospital, Bombay, native cases are received. A Parsee hospital has been specially devoted to plague cases, and is under the charge of two All Saints' sisters, with native helpers. Those who nurse many cases of plague become able to recognise it, as we recognise enteric fever, and other diseases at home, from the position in which the patient lies. There is also a peculiar appearance of the tongue in these cases, so much so that it has received the name of "plague tongue."

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