

## The Plague.

(Continued from page 313.)

*Liver.*—The liver was tender, and tumefied in about 12 per cent. of Dr. Viegas' cases, and the spleen in only about 8 per cent.

*Urine.*—The quantity of urine voided in 24 hours was generally unaffected. In one case of a child of eight years old it was suppressed for about 18 hours, and there was no collection in the bladder. In almost all cases there was albumen present. If the quantity of albumen on precipitation exceeded one-third the volume of urine examined, the case generally proved fatal.

*Nervous System.*—In all cases of plague, Dr. Viegas reports that the nervous system was more or less affected, more severely on or between the fourth and the sixth day. The gait is sometimes uncertain from the beginning of the attack, but generally becomes so between the second and fourth day. Paralysis has not been observed either during the illness or subsequently. In all cases there was drowsiness, but this did not necessarily mean sleep, for insomnia was often present. During the first three weeks of the outbreak, the drowsiness rapidly passed into coma, and the latter as rapidly deepened into death. In about 25 per cent. of Dr. Viegas' cases there was total insomnia for three or four days continuously. In almost every case there was delirium, which in about 25 per cent. of the cases was quiet; but when the patient lived beyond the fourth day, as in the case of those attacked during the second and third months of the outbreak, it was violent, and the patients had to be restrained from jumping from the windows, and running out through the doors.

*Eyesight.*—In 15 per cent. of the cases the eyesight was dim; and in one case, when the patient was convalescent, he could not see the hands of a watch (on the 12th day of his illness), even at a short distance.

*General Trembling.*—General trembling was noticed by Dr. Viegas in about 10 per cent. of his cases. It lasted from ten minutes to about an hour. In one case in which the general trembling is reported, it was followed by deep coma, and the coma deepened into death in about twelve hours. In most of the cases there was a great deal of weakness about the fourth day, both muscular and nervous. The gait was unsteady, and the patients were inclined to fall sideways. When they were drowsy they could be roused with very little difficulty, but they dropped asleep again directly they were left undisturbed.

*The characteristic signs and symptoms* are, in Dr. Viegas' opinion, the special physiognomy, the buboes, the drowsiness deepening into coma, the fatality of the disease, and the rapidity of its course.

## Annotations.

### THE DUTY OF PRECAUTION.

THE deaths of two nurses in succession from enteric fever, contracted while nursing a patient suffering from this disease, draw attention to the risks which nurses run in the discharge of their duty, risks which are accepted by them so unostentatiously, and simply, as to pass, as a rule, unnoticed. The moral of the case in point is, we think, that whenever possible, patients suffering from enteric fever should be removed from the surroundings in which they have contracted the disease, in order that they should have the best chance of recovery, and also that those who nurse them may not be exposed to the same insanitary conditions, which presumably occasioned the illness. It cannot be supposed that two nurses, from different institutions, were so little acquainted with the precautions necessary to be observed in nursing cases of this nature, as to take the disease by direct infection from the patient. We are therefore driven to the conclusion that the same conditions which produced the illness of the patient produced also those of the nurses, which have unhappily in each case ended fatally.

We take this opportunity, however, of impressing upon nurses the necessity for the strict observance of sanitary precautions while nursing cases of enteric fever. "Familiarity breeds contempt," and nurses are occasionally inclined to think the rules laid down for their guidance in these cases, unnecessarily tedious and vexatious. Such an instance as we quote above, though happily unfrequent, emphasizes the deadly nature of the disease which is being nursed, and the necessity for taking careful precautions, if health, and even life itself, are to be preserved. It is a well-known fact that the mortality amongst nurses who develop enteric fever is an especially high one, presumably because they, as a rule, work at high pressure, and therefore are not in a good condition to withstand the disease; and also because the onset of this complaint is a gradual one, and nurses who only feel a little out of sorts, or tired, do not mention the fact, and perhaps go on working until the disease is well established. On all these counts, therefore, it behoves nurses to be careful, and though they never should, and we believe they never will, shrink from any danger which comes in the way of duty, it is only right that they should observe all possible precautions, and so minimise the risks which it is necessary they should encounter.

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