

mixture of strychnine, digitalis, and brandy or rum when we could get it for the weak and collapsed, tonics for the convalescent, effervescent and bismuth mixtures for the oft-times fatal nausea. At first it was almost impossible to treat them individually, and it was with the greatest difficulty that a correct record of the admissions and deaths was kept, the one so often overlapping the other.

After this came the treatment of the buboes—dressing and opening where necessary, also the pustules, which, though less frequently met with, are much more painful than the buboes. This was done by the doctor, a Parsee, who worked indefatigably, and one of us, the assistants not being to be trusted.

The routine treatment of a new case was temperature, pulse and respiration to be taken, and a dose of calomel gr. iii. santonine gr. iv. and ol. Ricini $\frac{1}{2}$ oz. with diaphoretic if the temperature was high, given. Then the bubo, which was usually present was treated, no effort being spared to prevent suppuration and to facilitate reabsorption; it was painted with iodine liniment if it could be obtained, for often our drugs ran short, or belladonna and glycerine with mercury ointment was applied. If the buboes were very tense and painful poultices were put on twice a day!—it would have been unwarrantable extravagance to have put them on oftener.

Of antiseptics we could not boast. On arrival, we found the only treatment for all buboes whether open or not, was *lotio plumbi* on a small piece of lint, which in some cases had to do duty for days; but we had brought some medical stores with us, which with economy lasted us until more could arrive from Bombay. Even then we had to cover the antiseptic dressing with raw cotton straight from the cotton pods, and we have been reduced to carbolizing mull muslin and unbleached calico to do duty for lint and gauze, but spite of all, the wounds with cleanliness, got on remarkably well.

Professor Yersin too came, trying his curative serum, giving it in large doses as much as 60 c.c. (equal to $1\frac{1}{2}$ oz. of fluid) twice daily for three consecutive days, but with very discouraging results—the same serum that later, given in one inoculation of 10 c.c. as a prophylactic was so useful.

The pneumonic form of Plague was ever the most fatal, neither medicines, applications, or any other treatment seeming to have any effect. Another very fatal form was the effusing bubo. These were chiefly axillary, and only two such have I ever known recover. On admission the patient appears hopeful, the pain complained of is comparatively small, and the mind usually remains clear to very near the end. From the tiny almost imperceptible bubo in 24 hours the effusion had spread to the hip, and up to the ear, and from sterum to the spine, a feeling of suffocation followed, and the end soon came.

Whole families have we seen carried away by this pest which respected not old men of 90 years or infants of fewer days. One case as an example. A grandfather and grandmother had watched by their son, his wife, and three children, who had all died, and only the baby was left, which they took home with them. I was surprised the next morning to see the native cradle (a swinging cot hung between two gaily painted red and green uprights), in its old place, and the old man sadly told me "Mem Sahib, chokro gaunt chay" (the little boy has a bubo), I gave him a bath in a mud chattie,

the only thing I could get for the pretty little mite of twelve months, and he seemed better for it, but he never required another, and the family was once more complete before nightfall.

One could not help being struck by the apathy of the people as they witnessed the frequent deaths of their friends, apathy which was more apparent than real, for when they had had time to recover from their torpor, they would sometimes come and salaam and weeping ask us if we did not remember their only child or other dear relative who had died in our wards.

But the husbands were the most philosophic, by their wives' side they would remain and give them unremitting attention as long as they lived, but when all was over, and you offered them condolence, they would often answer cheerfully, "kuck fikanay, (never mind) Mem Sahib, it is the will of God, I shall soon get another." Some months later, when examining passengers from the Bombay boats on Mandvi Harbour, we would come on one of these practical widowers, and asking him what business he had there, "Going to be married to-morrow Mem sahib," he would answer. "Oh, no," we would rejoin, "You have to do ten days quarantine first."

Then we would be entreated to give him a pass, or let him slip through, and to save further worry, would advise him to write a petition to the chief plague officer, a Parsee gentleman, setting forth the pressing and important nature of his business. And strangely enough these petitions have often been successful.

After the first fortnight, the mortality rapidly declined, until in six weeks time, the new cases did not average more than five daily. During this time, three Mahomedan hospitals had been opened, and three more English Sisters, some nurses, ayahs, and hospital assistants had come up, but things being so favourable, a reduction of the staff was made, and we all returned to Bombay except one English doctor, some hospital assistants, and three Eurasian nurses to carry on and finish the work.

A. J.

Sir Julian Goldsmid's Home of Rest for Nurses, Brighton.

THIS Home of Rest continues to be increasingly popular with nurses requiring rest, change of air, and a holiday, because the aim of the Committee from its inception has been to maintain a cheerful and homelike atmosphere at 12, Sussex Square, rather than that it should develop into a convalescent institution, and from all accounts of the manner in which Christmas Day was spent by nurses present in the Home, they must have had a very good time. Mrs. Lionel Lucas, the most generous President, has continued to attend the quarterly meetings of the Committee, and to take an active interest in the affairs of the Home, and many more nurses have visited the Home during 1898 than in any previous year, and a substantial increase in the payments has been the result. We have this week to acknowledge with gratitude annual subscriptions of £2 2s. from Mrs. Ernest Bennett, £1 1s. from Mrs. C. H. Raphael, and £1 from Mrs. Ponsonby Wilmer. The annual report for 1898 will be issued at an early date, when we shall be pleased to forward it to any nurse interested in the Home, in the hope that she will bring its useful work to the notice of her friends.

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