

she will be more than half-way towards competency to take charge of a case of tracheotomy."

Every 24 hours it is usual to change the outer tube. This is done by the surgeon, and the nurse must have the fresh tube ready for him, the tapes threaded and a guide at hand.

(2). *The feeding of the patient.*—This is, of course, an item of importance, and not always an easy task. The administration of food must be carried out regularly, gently and cleanly. Every time the patient wakes he must be fed, and there is often a great deal of difficulty in persuading him to take sufficient nourishment on account of the pain in swallowing, and the obstruction to the act caused by the presence of the tube. Consequently, much time may have to be spent in coaxing the child to take enough. Brandy, milk, and beef-tea may be given freely. Sometimes it is necessary to carry out the feeding at regular intervals and in stated amounts by means of an œsophageal tube, in which case the surgeon will himself superintend it.

(3). *The general surroundings of the patient.*—I have already indicated the temperature at which the room should be kept; for this the thermometer, fire, and (if used) the steam kettle must be carefully watched.

In cases of diphtheria especially, the nurse must have a care for herself and for other people. Every article that quits the room must be carefully disinfected. Swabs, feathers, folds of gauze, handkerchiefs, that are used should be at once destroyed by burning. Most difficult of all, vigilance—often requiring great tact and firmness—must be exercised over the attentions of friends and relatives.

Whilst the instinct of self-preservation is, or should be, with both doctors and nurses, subordinate to the welfare of the patient, yet it is both wrong and foolish to incur unnecessary danger. Grave risk of infection in diphtheria is sufficiently present without meeting it half-way. Therefore the nurse should always keep her head and face well out of the line of fire when attending to the tube, in case the patient should cough and eject mucus or membrane. It is not so very long ago since one of our Royal Family succumbed to diphtheria engendered by the "fatal kiss" given to one of her children; such cases are unfortunately only too common, and indulgence in unwise caresses, however much the little patient may have twined itself round the nurse's heart, must be strenuously avoided.

Medical Matters.

A SPARTAN FATHER.



DR. PATRICK MANSON, C.M.G., M.D., is indeed a Spartan father, for where malaria and mosquitoes are concerned he does not hesitate to offer the blood even of his own son for experimental purposes. In a paper contributed to last week's *British Medical Journal*, entitled "Experimental Proof of the Mosquito Malaria Theory," Dr. Manson includes the following notes by P. Thurburn Manson, Guy's Hospital, which describe his own symptoms after having been bitten by mosquitos, which are extremely interesting and instructive.

NOTES OF EXPERIMENT.

By P. THURBURN MANSON, Guy's Hospital.

"I am 23 years of age, was born in China, but have lived in this country since I was 3; have never been abroad since, nor in any district in this country reputed to be malarial. I am healthy.

The first consignment of mosquitos arrived at the London School of Tropical Medicine on July 5th. Only some half-dozen had survived the journey. They were in a languid condition, and would not feed satisfactorily. One may have bitten me. By July 7th they were all dead. The second consignment arrived on August 29th. They had been infected in Rome on August 17th, 20th, and 23rd, by being fed upon a patient with a double benign tertian infection. The patient was reported to have had numerous parasites, including many gametes, in his blood. On arrival twelve insects were lively and healthy-looking. I fed five of them on August 29th, three on August 31st, one on September 2nd, and one on September 4th. They bit my fingers and hands readily. The bites were followed by a considerable amount of irritation, which persisted for two days.

The third consignment arrived on September 10th. They had been fed in Rome on September 6th and 7th on a patient suffering from a simple tertian infection, but with very few parasites in his blood. There were some 50 to 60 mosquitos in good condition. Twenty-five bit me on September 10th, and 10 on September 12th.

Up till September 13th I had been perfectly

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