

results in the hospitals very discouraging to the nurses; but this did not last long. After a short time it declined by tens a week, until about 40 per cent. was reached, and then there was a chance of effectual work. With many cases the malady ran a sharp and short course, nothing that was done seeming to retard the fatal issue. Such patients would be well in the morning, complain of headache by noon, unconsciousness would rapidly supervene, and they would be brought to the hospital in this condition, from which they would not rouse, the stertorous breathing and rapid pulse gradually weakening, and death would take place in from 2 to 8 hours after the apparent onset of the disease. There was not time enough for a bubo to form, the plague-poison seemed to take such hold of the nervous system, that there was no rallying or remission from the beginning. We spoke of such as being "saturated with Plague." Hypodermics of strychnine and digitalis were given without apparently any result, and age seems to exercise no influence—a babe of 6 months not succumbing more rapidly than a strong girl of 16 years or a muscular man in the prime of life.

But the majority of cases had the characteristic bubo, which at first may be only slightly distinguishable; indeed, may be overlooked if one has not had some experience in examining for them; but a day or two generally finds them well-defined. Even in this there is much variety. A bubo may be hard, flat, and indurated—what is called "brawny,"—or a simple rounded swelling; again, the bubo may be scarcely distinguishable because of quickly increasing effusion in the cellular tissue surrounding the gland. This last is a particularly fatal form of Plague. Of course, the abdominal glands may be affected, or the lungs, and so external buboes are not formed, and the presence of the other symptoms, with history of contact, etc., may be the nurse's only means of deciding.

Given a true, characteristic case, the treatment should be—rest in bed in the prone position. In India, it was our regulation practice to give all new cases, except unconscious ones,—Calomel grs. ii. or grs. iii., and Ol. Ricini ℥ii. to ℥iv., according to age, and a diaphoretic if the temperature was high. The temperature, pulse and respiration were taken and charted 4 hourly, and the diet was wholly fluid until the temperature was normal. Most cases require stimulant, and from ℥ii. to ℥vi. of brandy or whisky were given per diem. Egg-flip twice daily we found most useful when it could be tolerated. Nourishment requires to be given at frequent intervals, both night and day; not, of course, disturbing the sleep of a patient. As to medicines, at first (in India), frequent doses were given—in

cases of high temperature every two hours—of diaphoretic and stimulant medicines; but this we found had such a tendency to upset the digestion, and produce violent sickness, difficult to stop, that afterwards it was given up for three times or twice a day. Of course, nursing in England would be very different to that in India—isolated, as we frequently were, in village hospitals in the jungle. Not seeing a doctor for weeks together, we were thrown much on our own resources, and had only comparatively few medicines at our disposal. Often we were reduced to Phenacetin doses of grs. vi. to x., with a simple diaphoretic, and should there be great prostration and heart-weakness, we added Liq. Strichnæ mv. and Digitalis miii. in the acute stages of the disease. When convalescing, fuller diet was allowed, and Ferri et Quinæ. Citratis given as a tonic. Crude treatment, perhaps, but safe, and as effectual generally as the more elaborate and varied drugs that were used in Bombay.

There is a great tendency to heart-failure; therefore, all sudden movement, getting out or sitting up in bed should not be permitted in the acute stage. These patients also seem specially liable to get pneumonia, so an even temperature, pure atmosphere, and light, warm clothing are of importance in this as in the nursing of all sickness.

In many cases the plague-poison seems to be concentrated in the gland, or glands affected; so the bubo also must have attention from the time of admission of the case. The treatment will be determined by the character of the bubo; and it has as its object its re-absorption before the formation of pus. In the case of a tense, painful bubo, good warm linseed-meal poultices give relief most quickly, and will either assist its resolution or hasten its suppuration.

The ordinary swelling may be treated with a paint of Tinc. Iodi (or Pigment. Iodi, if it can be borne) daily, until the surface shows signs of irritation, when Ung. Hydrag. cum Belladonna, put on liberally, may be used, or this ointment may be used from the first.

Injecting the buboes with Iodine was tried, but was found to be painful, and the results negative. Ice-bags on the buboes had a fair trial, but had no specially good effect, and were much disliked by the patients. When ice could be obtained, it was used on the head to reduce temperature; but this was not obtainable in the country districts or the jungle villages north of Bombay. Lot. Plumbi, used as an evaporating lotion, was also tried, but present discarded. Such was the usual treatment of buboes in the first, or inflammatory stage.

(To be continued.)

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