

its weight. This is, perhaps, the secret of the delay in the appearance of signs of the disease, viz., that the destructive process is almost entirely a mechanical one and, therefore, the time required to produce the enormous number of bacilli necessary to affect that result must be considerable. Many attempts have been made to cultivate these bacilli, but the difficulties have proved so great as to suggest that they are slow-growing organisms or that they are sensitive to slight changes in their cultivating media. At least, I would suggest that the extraordinary improvement which takes place in some of the cases owing to a change of residence and climate, tends to support this view.

RECTAL FEEDING IN CHILDREN.

Dr. Coulthard writes to the *British Medical Journal* on the value of nutrient enemata in children suffering from extreme exhaustion following diarrhoea; he believes it has saved many lives where the children were unable to take food by the mouth. He considers the nutrient enemata should be injected as high up the bowel as possible, instead of injecting them just within the rectum, which is the usual custom. He begins by flushing out the bowel with one or two pints of sterilized water, to which has been added a drachm of Izal to the quart; then he injects two ounces, every two hours, of a mixture consisting of one egg, a tablespoonful of Valentine's meat juice, four ounces of sterilized milk, half an ounce of brandy, and five ounces of sterilized water. He injects it by means of a Jaques soft red rubber catheter attached to a glass syringe holding two ounces. He begins by pushing the catheter into the rectum as far as it will go, then injecting a little fluid, when the catheter may often be introduced further, then injecting more, and again pushing in the catheter; in this way it is often possible to introduce the whole length of the catheter; after a minute or two the catheter is slowly withdrawn. He finds that after a few of these enemata the child is usually so much better as to be able to take food by the mouth and retain it; but if necessary, the nutrient enemata may be continued for a few days, provided that the bowel be washed out daily with a cleansing enema.

Nurses, will no doubt, read of this method of giving nutrient enemata to children with much interest, as there is much to be learnt by studying the various systems employed by physicians.

Practical Notes on Plague Nursing.

BY MISS AMANDA JONES, R.N.S.

(Continued from page 414.)

THE natives of India had their own ideas of the best way of treating buboes, and, when possible, we gave their methods a fair trial. They had great faith in the constant application of dry heat, and when permitted, would keep a sigurie going at the bedside, to warm pieces of tiles, which they kept constantly putting on the bubo. They also believed in the leaves of a sacred plant growing on the sea-shore, of the convolvulus family, called Rawalputri, which were boiled and laid on the bubo as a poultice. The results were no better than from ordinary poultices.

"The "effusing" buboes we treated with large poultices, or iodine paint, but as they increased in area so rapidly, and nothing averted the fatal termination, these remedies could not be said to have much effect.

These buboes were almost always in the neck or axillæ. In a few hours from an axilla, the effusion would spread to the sternum in front, the spine behind, the waist below, and over the shoulders, or even to the ears above. The patient was usually cheerful, with none of the customary alarm at his condition, and conscious almost to the last. When in the neck, the effusion impeded the breathing and caused much more distress.

If Plague took the form of pneumonia—primary pneumonia we called it—patients never, as far as my experience goes, recovered; but when pneumonia occurred as a complication, they often got over it. Liniments were rubbed in, or padded cotton-wool jackets used with Spt. Camphor sprinkled on, or poultices were applied in both cases, with expectorant medicines.

A certain percentage of the buboes re-absorbed, but the majority suppurated; we found it best to incise as soon as fluctuation could be made out.

Of lotions, we tried solutions of carbolic, mercury, and iodine, and considered the results from the latter best. Some buboes simply needed opening, then the cavity was cleaned out, filled with a little lint or wool soaked in lotion, and the healing process began at once; but most of them were very sluggish and required great attention. Often the whole gland would separate, and might be removed *en masse*, and the cavity had only to be kept clean, and filled with dry medicated wool, or wool saturated with lotion—for lint was rare, and antiseptic gauze never seen.

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