

(2.)—Hæmophilia, the so-called "hæmorrhagic diathesis."

(3.)—Over-use of the voice.

(4.)—The too early resumption of solid food.

(5.)—The use of the bistoury in the removal of the tonsil.

Severe secondary hæmorrhage following tonsillectomy nearly always occurs in adults. The too early eating of solid food is an undoubted cause, and the nurse cannot bear this fact too constantly in mind.

If the bleeding is slight, quiet and the sucking of ice may be sufficient to stop it. If it be persistent, a mixture of one part of gallic acid to three parts of tannic acid may be applied, either dissolved in water, or rubbed on the tonsil as a paste by the finger.

When the bleeding is copious, prompt action is necessary. The surgeon must be at once sent for, and, pending his arrival, means to temporarily check the loss must be taken. Compression of the common carotid artery, if the nurse knows how to apply it, should be carried out at once, or the patient's mouth should be opened and the finger placed upon the bleeding point, counter-pressure being made by the thumb placed outside behind the jaw. The nurse can thus at least control the bleeding until the arrival of the surgeon, who may have to find and seize the bleeding point.

Infantile Scurvy.

It has recently been pointed out that this disease is present usually in infants of the better class who are restricted to boiled milk, or this with cooked infants' foods. It does not occur where fresh milk is added to the dietary, and is less likely when the milk has been Pasteurised only and not sterilized. Citric acid is present in milk as calcium citrate in an amorphous condition, but on boiling this calcium citrate is converted into a crystalline variety whose solubility in milk is very much less than the amorphous variety; simple Pasteurising does not much affect the solubility of the citrate. It is known that many of the curative substances used for scurvy—as fruit juices, etc.—contain citric acid, and it appears probable that the absence of this acid produces the symptoms known as scurvy. The moral is obvious; Pasteurised milk is allowable, but if boiled or sterilized milk be the sole food, the child should have occasionally some fresh fruit juice containing the missing acid.

Notes on Practical Nursing.

THE NURSING OF MALARIA.

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It seems strange to a newcomer to a tropical country how variously different races are affected by malaria, the susceptibility to, and the intensity and subsequent ill effects of, the disease differing greatly. In Zanzibar this was most marked. It may not be generally known that Zanzibar is the metropolis of East Africa, with a cosmopolitan population of over 100,000 persons, and that many persons are constantly coming and going to the island. Indeed, there is a saying that if you wish to meet a person, go to Zanzibar or Bombay, and sooner or later he is sure to turn up. The resident population of the island includes English, French, Germans, Italians, Greeks, Arabs, Parsees, Japanese, Hindis, Banyans, Swahilis, and probably other nationalities. It is not a matter for so much surprise that the oriental races have much lighter attacks of malaria than European ones, for new diseases, as a rule, attack races with a virulence unknown to those whose forefathers have been exposed to and suffered from them. It is less easy to determine, however, why an Englishman should only be able to keep in tolerably good health in a malarious country by returning home to recruit every two or three years, while a Frenchman (or woman) has been known to live for twenty years or more in tropical Africa without a break. Another somewhat interesting point, now that infection by mosquitoes is being so much discussed is the comparative immunity of Arab and African races to the bites of these insects. I say comparative, because while undoubtedly natives are occasionally bitten, they are practically immune. For instance, a European cannot sleep, even in the middle of the day, except under a mosquito net, without being severely bitten, and he does not remove his stockings at night until the last moment for the same reason. Yet a native, though, no doubt, he often sleeps with his head under his blanket, never needs a mosquito net, while he walks about all day long with bare legs and bare feet with impunity. Does his freedom from mosquito bites account for his freedom from fever? If as sometimes happens he has a slight attack of fever, there is not the same need for apprehension, as in the case of a European. He may have a temperature of 103 degrees one day, and be well enough to be at work the next, while a European with the same temperature will probably be days returning to his normal condition, and will then feel weak and debilitated.

[previous page](#)

[next page](#)