

immersion for several hours, followed by differentiation in weak acetic acid. Two hours staining period may fail to reveal bacilli, which appear after 12 to 18 hours. The bacilli in the stools are often of greater length than those in the tissues, and they may stain rather more easily; naturally the same is true of cultures.

7. Since the bacilli are small and comparatively few in numbers they are difficult to find. To facilitate matters at our last two necropsies (14th and 15th) a method of sedimentation has been adopted. A considerable quantity of organ juice is emulsified with antiseptic solutions, minute precautions against contamination and for control being taken; the emulsion is shaken from time to time and allowed to settle. The method is successful and may form a ready means of preserving bacteria-containing material for future study. The best fluid for the purpose has yet to be worked out; hitherto normal saline with about 1-5th per cent. sublimate has been employed.

8. Pure growths of these bacilli are not obtained in ordinary aerobic or anaerobic culture tubes.

9. Some pure cultures have been obtained by placing whole mesenteric glands (cut out by means of the thermo-cautery) into broth under strict hydrogen atmosphere. Investigations into the necessary constitution of culture media for successful cultivation are in progress.

10. Much search was made for parasites of the nature of protozoa. We conclude that yellow fever is not due to this class of parasite. Our examinations were made on very fresh organ juices, blood, etc., taken at various stages of the disease, with and without centrifugalisation, and on specimens fixed and stained in appropriate ways. We may add that we have sometimes examined the organs in a fresh state under the microscope within half an hour after death.

11. The endeavour to prove a man to man transference of yellow fever by means of a particular kind of gnat by the recent American Commission is hardly intelligible for bacillary disease. Moreover, it does not seem to be borne out by their experiments, nor does it appear to satisfy certain epidemiological conditions. It is proposed to deal more fully with the epidemiology and epidemiology of the disease on a later occasion.

12. We think that the evidence in favour of the etiological importance of the fine small

bacillus is stronger than any that has yet been adduced for any other pretended "yellow fever germ." At the same time there is much further work to be done ere its final establishment can be claimed. The acquisition of a new intestinal bacterium would explain the immunity of the "acclimatised."

Notes on Practical Nursing.

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SOME POINTS IN THE NURSING OF ENTERIC FEVER.

Perhaps there is no disease the nursing of which has been so much discussed as enteric fever, and the reason is not far to seek; it is because the recovery of the patient depends not so much on the prescribing of any particular drug, or line of treatment as on the way in which the treatment is carried out—that is to say, the efficiency of the nursing.

This is a matter of common knowledge. We know, and have known for years, that drugs are powerless to affect the course of the disease, though they are sometimes of great value in the treatment of symptoms. The patient's life is—once the diagnosis of enteric fever has been made—to a greater extent than usual, in the hands of the nurse.

And it is not enough that we should save the lives of our patients; to turn a man out into the restless activity of modern life, anæmic, tremulous, and incapable of taking the place in the fight that he formerly occupied, is not altogether a triumph. Some patients, it is true, can afford to go abroad and recruit, or rest for a long period, but—in hospital, at all events—the majority of our patients are bread winners, and, for the sake of their families, as well as their own health, we must cure them in the quickest possible time, and we must not, if we can avoid it, send them back to work—for back to work they will go, whatever we say to the contrary—in an unfit condition.

Of the general nursing of enteric fever, I do not wish here to speak; we all know that rest, and careful feeding are the main things to be considered, but there are two points in the treatment of the disease—again, chiefly matters of nursing, that I think are worthy of more emphasis than is usually bestowed upon them.

The first is in connection with feeding. It used to be the custom to keep all cases of enteric fever from the first on fluid food only—in most cases, on milk only—not merely until the temperature of the patient had fallen to the normal, but usually until a fortnight after this limit had been

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