

on the only one positive symptom—bloody expectoration: first, expectoration tinged with blood, then the whole expectoration pinkish as anchovy sauce, and, finally all blood red when death was only distant a couple of hours.

Headache was more or less constant, and during the last few hours staggering gait like a drunken man.

I am sorry to say that most of the scientific facts will have to come from Dr. Paul Haffkine, for, with the rush of organisation and the masses to deal with, none of us have had time for laboratory work. I think, judging from our own observations, that:

1. A very large number of cases were primarily septicaemic, showing no pneumonic symptoms, and died very rapidly.

2. That nearly all pneumonic cases became septicaemic if they lived over twenty-four hours after diagnosis.

3. All bodies became a dark purple colour—patches before death and general after.

4. Many without pneumonic symptoms were intensely yellow—conjunctivae yellow—and the Chinese skin converted the yellow into almost an orange bronze, and such cases were not subject to further examination, but diagnosed by appearance.

5. Age incidence confirms the reports of bubonic plague—under 20 and over 50 rare, but in a place like this, made up of coolies, it would not be wise to draw a fast line. Women, very few; but then the place has few women. Children, next to no deaths, although attended and nursed by their mothers until within a few hours of death.

6. I think the conference will reveal, as the result of Dr. Paul Haffkine's work, that there is a negative stage following inoculation with Haffkine's vaccine lasting from five to seven days; and whilst there have been deaths amongst all classes of workers, Chinese and foreign, *not one* is known, amongst those successfully inoculated, who had passed the negative stage before commencing plague work.

7. Some cases, besides being septicaemic, showed an intestinal form with diarrhoea. Dr. Wu has a pure culture of *B. pestis*, which was simply a portion of the motion passed.

8. That the plague reached its maximum about three months from the beginning, and bacillus began to show involution forms at this time.

9. That this great epidemic covering North China will be the birth epoch of Western medicine, for, with all the vaunted powers of the old-time practitioner, here he failed completely, and Western science, in the minds of the officials, has now received an indisputable precedence.

The Nursing of Respiratory Cases.*

By DR. H. RAINY, F.R.C.P., Edin.

I do not intend to deliver a formal lecture, but rather to talk over a few practical points in regard to the nursing of respiratory cases, giving you some indications of the underlying scientific facts; and this, I hope, may help you to carry out your work with greater definiteness and fuller knowledge. I shall arrange my remarks with reference to three important respiratory diseases, all of which are well known to you, in order that you may have a better opportunity of remembering the points I wish to emphasise by linking them to facts with which you are already familiar.

These three diseases are Bronchitis, Pneumonia, and Phthisis. The first is essentially a disease of the respiratory organs; the second an acute fever which affects the whole body, though much of the stress of the illness falls upon the lungs, and the third is a chronic infection where the changes in the lungs give rise to many of the most important and urgent symptoms.

BRONCHITIS.

Though bronchitis is ordinarily considered a malady of minor gravity, yet, in certain cases, circumstances arise which demand the utmost care if the patient is to escape serious danger. Thus, the disease may attack a patient with a weak heart, who has enough to do to keep alive under the ordinary stress of life, and who quickly sinks beneath the additional strain. Again, bronchitis sometimes involves the smaller tubes instead of affecting the larger and medium bronchi: this is particularly apt to happen in young children and aged people, the seriousness then depends on the fact that the air channel in these terminal tubes is greatly narrowed by a very moderate amount of swelling of the bronchial walls or increase of bronchial secretion, and thus the patient is in imminent danger of becoming asphyxiated. It is clear, therefore, that old people and those with weak hearts must be very carefully guarded against the attacks of a disease which may develop so seriously; and, in a climate like ours, they must be prevented from breathing air which by its coldness or rawness will start irritation in the respiratory organs. Nature has herself provided a means for warning the inspired air in the large surface which is exposed by the turbinated bones of the nose, when people breathe through their noses, as they ought. The air does not reach

* A lecture delivered to nurses at the Royal Infirmary, Edinburgh.

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