

few hours, according to the tolerance of the bowel.

The nurse should know how to test for albumin, as this knowledge will render her of more help to the doctor, especially in time of epidemic, when the physician is overwhelmed with work, worry, and responsibility.

Jaundice is never absent in yellow fever. In mild cases it may be slight, but yet it is present. The yellowness increases during the second, third, and fourth day, and then disappears rather rapidly, leaving, usually, no traces by the end of convalescence. The intensity of the jaundice is not of itself a symptom of grave import, especially if it is not accompanied by a marked hæmorrhagic tendency; but the early appearance of this symptom—for instance, on the second day—indicates a fatal termination.

Hæmorrhages from any or all of the mucous membranes are likely to occur at any time after the second day, but hæmorrhage from the gums and nosebleed are the forms most frequently seen. Black vomit is next in frequency, and, because of its seriousness, the nurse must try to prevent its occurrence by keeping the stomach as quiet as possible.

Should the patient begin to vomit, all liquids by mouth must be stopped, and only cracked ice in small quantities be given. A mustard plaster over the stomach may give relief, as might also an ice bladder to the throat. Should the vomiting persist, every means to stop it should be tried, as frequent vomiting is almost sure to lead to hæmorrhage, which will be first shown by the presence of minute black and brown specks floating on the surface. These specks increase in size and number, and the fluid becomes darker and thicker until we have the characteristic black vomit. Should hæmorrhage occur, the nurse should conceal it from the patient as much as she can, as the knowledge of it will cause him grave apprehension. The family will become alarmed, and the nurse will have to allay their fears by telling them that, while serious, it is not necessarily a fatal symptom.

Yellow fever is a disease in which the patient must not be fed. Failure to carry out this injunction results in very serious, if not fatal, consequences. When signs of prostration are noticed, stimulants, and especially champagne, are given, but no food of any kind is given by mouth during the febrile period, or as long as the nausea persists. During this time the patient's strength is kept up with stimulating, nutrient enemata.

When the fever has subsided and all nausea disappears, the physician will order nourishment by mouth, to be begun in very small

quantities. This must be given slowly and cautiously, and the immediate consequences closely watched. Usually, the first thing given is a tablespoonful of milk on crushed ice; if this is comfortably retained, it is repeated after a short interval, and later chicken broth and barley water may be added to the dietary. Liquid nourishment is continued until convalescence is well begun, when soft diet may be given. Even when convalescence is fully established, the diet should be carefully controlled, and if albumin is still present, the patient must be dieted as in nephritis.

When it ends in recovery, the duration of the disease in the majority of cases is seven days. The return to health is rapid; in the second week the patient clamours for food, and resents being forced to remain quiet. In severe cases, recovery may be delayed by prostration, anæmia, impaired digestion, neuritis, or even paralysis of the extremities.

The fatal cases usually terminate on the sixth day. The jaundice deepens until the skin is the colour of saffron; hæmorrhages occur, mainly from the stomach and bowels; there may be suppression, followed by convulsions; the pulse may be as low as 30 beats per minute, and poor in character. On the approach of death the temperature may rise as high as 106 or 107. After death it may rise for hours, sometimes reaching 112 or 114—a fact noted in but few other diseases.

In these virulent cases, when, in spite of the hard and earnest work of the doctor and the nurse, death claims the patient, the nurse must not lay down her arms, but after caring for the dead and comforting the living, she must continue her fight by aiding the sanitary authorities in destroying the mosquitoes which may be left in the sick room, thus ridding the premises of the only agents by which the health and safety of the living can be imperiled.

The dread of yellow fever has for ever gone: we have the means of prevention and protection; therefore let yellow fever sleep the eternal sleep that knows no waking. And let us not think of the suffering and the sorrow that it caused for so many centuries before its death warrant was signed, but rather let us say with Brome, the old English poet:—

Our plague and our plaguers have both fled away,  
To nourish our griefs would be folly  
So let's leave off our labours and now let's go play.  
For this is our time to be jolly.

We have to thank Mrs. Arthur Stabb for £1 1s. and Mrs. Bridges for a donation of 5s. to the fund for Nurse N., making the total amount received £23 12s.

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