## YELLOW FEVER—HISTORY AND NURSING.

Miss Ethel Darrington Harriss, R.N., contributes to the *American Journal of Nursing* an interesting article on "Yellow Fever," in the course of which she says :—

"To speak on the subject of yellow fever is like evoking from the abyss of oblivion a grim, ghastly, and forbidding monster which, however, in the light of present-day science, is as unsubstantial and as harmless as the airy fancies of a dream. But it was not always an innocuous phantom. For generations the spectre of yellow fever stalked through the world, leaving in its wake countless victims. But now it is classed among preventable diseases, and the fear of it lies dead and buried deep in the grave of other bygone 'bugaboos,' together with the ridiculous notions and queer superstitions regarding it, and the terrible demoralization of the justly fear-crazed people."

The writer shows that yellow fever, or some similar disease, prevailed among the ancient Greeks, and is mentioned by Hippocrates. The term "yellow fever" was first applied by Griffith Hughes in 1750. No other disease has been known by more different names, the synonyms numbering over 150. The first recorded epidemic in the New World occurred in the island of San Domingo, in December, 1493. "Who would have imagined that the tiny, buzzing, biting and annoying mosquito is the guilty vehicle of the yellow fever germ? Yet it has been proven beyond doubt, by most remarkable and painstaking experiments, that this insect is the sole cause of infection in this disease. The result of this remarkable discovery brought about an immediate campaign of education throughout the United States, followed by the inauguration of methods of prevention and protection that have forever put an end to the dread of the disease. The knell of yellow fever was sounded in New Orleans at the end of the epidemic of 1905. In October of that year, long before the advent of frost, the fever was stamped out, an achievement which settled triumphantly the correctness of the mosquito theory."

So far as is known, the disease is conveyed by a single species—the *Stegomyia Calopus*. Only the female is capable of carrying the disease. The transmissible poison exists in the blood of yellow fever patients only during the first four days of the illness. "Therefore, in order to possess the power of carrying the disease, the mosquito must feed upon the blood of the patient during this period. An incubation period of twelve days or more must elapse before the mosquito has the power of transmitting the infection, but once it becomes a 'carrier,' it can convey the infection for the balance of its life, which is about five months, provided it has access to water. The first symptoms of this disease usually manifest themselves from two to five days after the bite of an infected mosquito.

"When called on to nurse a case of yellow fever, the first duty of a nurse is to see that proper precautions are taken to prevent mosquitoes from biting the patient and to imprison those that may have already become inoculated until they can be destroyed. A good mosquito net should be placed on the bed immediately, and kept over the patient night and day for the first four days of the illness. The room should be screened at once; cheese cloth or bobbinet tacked over the openings serves the purpose very well in the absence of regular wire netting. This must be done at once, to prevent the admission of more mosquitoes into the room, and to prevent the escape of any that may already have bitten the patient and become infected. Those imprisoned need cause no uneasiness, for they can do no harm for twelve days, and by that time either the patient will be claimed by death, or will be able to leave the room long enough for it to be fumigated."

The writer continues :—

The chief features which distinguish yellow fever from other fevers are :—

(1) A fever of from two to seven days' duration, beginning with a sudden chill, followed by a high temperature. In cases of a mild type this temperature lasts from two to four days, and falls gradually and irregularly until normal is reached, when the patient is said to be in a state of calm. After this the temperature may remain normal or it may rise again—when it is called secondary fever.

(2) A steady fall of the pulse, beginning during the period of invasion, and gradually leading to a remarkable slowing of the heart beat.

(3) Albuminuria.

(4) Nausea and vomiting.

(5) Jaundice.

(6) A tendency to the stagnation of the circulation of the skin.

(7) Hæmorrhage from the gums, nose, and stomach (black vomit), bowels (tarry stools), and from other mucous surfaces.

(8) The face is decidedly flushed, the eyes unusually bright and glistening, the expression

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