

## OUR PRIZE COMPETITION.

### SAY WHAT YOU KNOW ABOUT YELLOW FEVER AND PLAGUE.

We have pleasure in awarding the prize this month to Miss Phoebe Gill, S.R.N., Royal Free Hospital, London, W.C.1.

#### Yellow Fever.

Yellow Fever is a tropical disease which is spread by the bite of mosquitoes of the species that inhabit, and breed in, human dwellings (*Stegomyia fasciata*). By the use of the knowledge gained as a result of the study of these insects by Sir Ronald Ross this disease has become far less fatal. This result is achieved entirely by preventative measures, as the mosquito requires standing water in which to breed, all the water in infectious areas is treated or covered. Netting is used to prevent the insect entering dwellings or biting sleeping or sick people.

Four types of the disease are recognized: Larval, Mild, Severe, and Malignant. And there are three stages: (1) the initial fever, (2) the period of calm, (3) the reaction.

#### SYMPTOMS.

A rapid rise of temperature may be a rigor. Pulse quick-full and strong at first. Urine scanty, contains albumin and often bile. Epigastric pain and vomiting, first food, later mucus and blood. Severe headache and pain in eyes. The face is congested, puffy and jaundiced, eyes bloodshot and sunken, tongue small and furred in the centre.

*The Period of Calm* is well marked in favourable cases. The temperature falls, pulse is slow and soft, headache relieved, gastric symptoms subside and the patient may recover, but *The Period of Reaction* occurs in the more severe cases; the temperature remains high but the pulse rate does not rise and the pulse is soft and weak. Vomiting and diarrhoea are severe, jaundice increases, urine is diminished, there is more albumin and serious danger of complete suppression. Delirium and coma precede a fatal termination.

*Nursing* consists of keeping the patient in bed in a recumbent position between blankets, on account of the kidney condition. Treatment of the pyrexia by sponging with very hot water. Ice caps to head and mustard leaf to nape of neck to relieve the headache. Hot stupes and mustard poultices to epigastric region, and a very carefully chosen and prepared diet.

This must be entirely of a fluid nature, boiled water, rice water, whey, and—when tolerated—milk foods, which may be peptonized, jellies and strained soups. Glucose should be added to feeds. Saline may be given intravenously and glucose 5 per cent given in this. No solid food should be given until convalescence is well established and then only under the doctor's instructions. Stimulants are necessary in the stage of reaction, and champagne and brandy are given in small quantities at frequent intervals. It is advisable the patient should convalesce in a temperate climate completely to re-establish his health, but one attack of Yellow Fever gives immunity against others.

#### Plague.

Plague at one time occurred in epidemics all over the world, causing the death of vast numbers, but owing to

the greatly improved sanitary measures to-day it occurs only as isolated cases in parts of Europe but is still endemic in India, Africa, and the East. It is a disease of rats and is conveyed to human beings by fleas off infected rats or, in the case of Pneumonic Plague, by inhalation of infected material. The disease is kept down by the destruction of rats and disinfection of suspected ships.

The chief forms in which the disease occurs are: (1) *Bubonic Plague* which causes high fever, prostration, pain in limbs and inflammation of lymphatic glands, which suppurate. The patient quickly sinks into a comatose condition or there may be delirium. The mortality is high. (2) *Pneumonic Plague* has the symptoms of a very severe attack of pneumonia with profuse, watery, blood-stained, sputum, death occurring in a few days.

Treatment is mainly directed against the spread of infection, i.e., isolation of the patient and attendants in rat proof premises, destruction of rats, cleanliness and disinfection, or destruction of all infected material. Attendants are protected by the use of overalls, gloves, high boots, masks and goggles and good ventilation and dry air as far as possible. Protection by vaccination has been found useful. The treatment of the patient is directed towards the relief of symptoms and keeping up his strength. Drugs have very little effect on the disease.

#### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Amy Phipps, S.R.N., F.B.C.N., Miss G. E. Weeks and Miss E. D. Millington.

Miss Weeks writes:—"The plague is a specific disease, due to the bacillus (*Bacillus pestes*) discovered by a Japanese scientist, Dr. Kitasato, which may be found during life in the blood, in the inflamed glands, in the faeces and urine, and in the sputum of certain cases, and after death in almost every organ of the body.

Several varieties of plague are now recognised. The most common form is the bubonic, which is characterised by glandular enlargements. The incubation period is from two to five days, and the disease begins with lassitude, weakness, headache, vertigo and shivering, soon followed by febrile reaction. Sometimes in this stage of invasion the patient is in a peculiar absent condition with staggering gait and tremulous speech or he is seized with indefinable fear and restlessness. Or there may be nausea, vomiting or diarrhoea. The fever is generally high, the temperature from 102° to 103° F., or in worst cases over 107° and the pulse from 100 to 130. The tongue, at first moist and white, becomes dry and brown, and a typhoid condition may supervene with delirium and coma. The urine is scanty, acid, of high colour, and it usually contains albumen. After one, two or three days' fever the local signs show themselves in the formation of glandular swellings in the groins, axillae or neck.

#### QUESTION FOR NEXT MONTH.

How would you nurse a patient after removal of stone from the kidney, from the post-operative to the convalescent period? To what points should your attention be especially directed during that period?

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