

The treatment therefore in the majority of cases consists of relieving if possible the primary condition. In epidemic and catarrhal jaundice the patient should be kept in bed and the usual attention paid to the skin, the mouth and pressure points. He should be kept warm, and this usually intensifies the characteristic skin irritation. This may be relieved somewhat by sponging the skin with a weak solution of carbolic, or by dabbing it frequently with calamine lotion. Constipation is a frequent symptom, and may be helped by calomel and saline aperients, which thin the bile and aid its flow. The diet should be low and free from fats, and foods rich in cholesterol should be omitted in cases of gall stones. These, such as yolk of egg, the internal organs of animals, such as liver or kidney, etc., favour their growth. Milk should be given skimmed, and plenty of fresh vegetables and fruits should be given.

Urotropine may be ordered to act as a biliary disinfectant, and drugs may be ordered to relieve the headache, which, with the mental depression and irritability, is a characteristic symptom. Occasionally a hypodermic injection of Pilocarpin is ordered to increase the action of the skin, and in that way remove some of the irritating bile salts.

The jaundice continues as long as the obstruction remains, but may disappear if the obstruction is removed; for example, if a gall stone moves onwards into the intestine, or if a growth pressing on to the common bile duct be removed by operation. Thus the seriousness of the condition depends upon its cause. It is nearly always curable in cases of catarrhal jaundice, and usually in gall stones, but in pressure upon the common bile ducts by growths of the stomach or pancreas the outlook is serious and the condition progressive.

The prime symptom, the yellow coloration of the skin, becomes a brilliant yellow and in long standing cases changing to a greenish yellow.

From this it can be seen that the appearance presented by a jaundiced person is so striking that jaundice is elevated in the popular mind to the position of a disease in itself, while it is, in the majority of cases, a symptom only of some obstruction to the normal excretion of bile from the liver. Thus the treatment of the jaundice often sinks into insignificance beside the treatment of the disease producing it.

#### HONOURABLE MENTION.

The paper sent in by Miss Florence Ibbetson, Essex County Hospital, Colchester, is highly commended. Miss Ibbetson writes of Obstructive Jaundice:—

In obstructive jaundice icterus is very marked, the skin being bright yellow, the conjunctiva and palate are very pigmented and the patient may complain of yellow vision. The kidneys attempt to excrete the surplus pigments, so that the urine will be a dark greenish brown, and give a bile reaction on testing; it will probably contain albumen. Since the bile cannot reach the duodenum, the stools are clay coloured, oily and constipated and have a fetid odour. Indigestion and nausea are marked.

#### QUESTION FOR NEXT MONTH.

What do you understand by gastric lavage? What are its uses? Describe the method employed in its application and the apparatus required.

## CORONATION HONOURS.

The following honours were in a very long list announced on May 12th, Coronation Day:—

#### ORDER OF THE THISTLE.

The KING has been pleased, on the occasion of his Majesty's Coronation, to confer upon THE QUEEN the title and dignity of a Lady of the Most Ancient and Most Noble Order of the Thistle.

As a Scotswoman this honour bestowed on Queen Elizabeth was specially appropriate.

#### ORDER OF THE BRITISH EMPIRE.

##### O.B.E. (Military Division).

DEY, Miss HELEN, R.R.C., Principal Matron, 1st London General Hospital, Territorial Army Nursing Service.

JONES, Miss MARY, A.R.R.C., Principal Matron, Western General Hospital, Territorial Army Nursing Service.

SMALL, Miss ELIZABETH DUNLOP, A.R.R.C., Principal Matron, 2nd Scottish General Hospital, Territorial Army Nursing Service.

##### O.B.E. (Civil Division).

WILLCOX, Miss MINNIE AGNETA, Sister Matron and Superintendent of the Nursing Staff, King's College Hospital.

##### M.B.E. (Civil Division).

BAGGALLAY, Miss OLIVE, Tutor to the International Students in the Department of Social Studies and Economics, Bedford College. Secretary to the Florence Nightingale International Foundation.

WOLFF, Miss GERTRUDE, Matron at the Midwifery School, Sudan Medical Service.

BOYCE, Miss MARY, Matron, St. Helen's (Maternity) Hospital, Christchurch, Dominion of New Zealand.

COOKSON, Miss ALTHEA HARRIET, Matron, Wellington Public Hospital, Dominion of New Zealand.

DUN, Miss BEATRICE JEAN, Matron of the Royal Prince Alfred Hospital, Sydney, State of New South Wales.

INGLES, Miss ALICIA CAMPBELL, Matron, Pukeora Sanatorium, Waipukurau, Dominion of New Zealand.

LESLIE, Miss ELLA DOROTHY WINIFRED, Nurse Inspector, Department of Health, Dominion of New Zealand.

MAYZE, Miss MIRIAM, Matron, Auckland Mental Hospital, Dominion of New Zealand.

MCLAREN, Mrs. CLARISSA ELIZA, Matron, Seacliff Mental Hospital, Dominion of New Zealand.

MORGAN, Miss JANET, Matron, Alexandra (Maternity) Hospital, Dominion of New Zealand.

MUIR, Miss ROSE, formerly Matron, Christchurch Public Hospital, Dominion of New Zealand.

NUTSEY, Miss EMILY MAY, Matron, Auckland Public Hospital, Dominion of New Zealand.

#### ROYAL RED CROSS DECORATION.

##### First Class.

JAMES, Matron NORA EVELYN, A.R.R.C., Queen Alexandra's Royal Naval Nursing Service.

KENNEDY, Miss MABEL GERTRUDE, Principal Matron, Queen Alexandra's Imperial Military Nursing Service.

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