

diet is given, toast, eggs, white fish, milk tea, etc., the last meal being given at 6 p.m. The E.B.I. is given at 10 p.m. (but may be preceded at 9.15 p.m. by Tr. Opii ℞x or luminal grain 1, if the patient vomits too readily) when the patient has been settled for the night. The pillow should be low, movement avoided (it induces vomiting) and a kidney tray provided that the saliva may be expectorated without the head being raised.

Should vomiting occur the vomit must be inspected for the presence or absence of the bright red E.B.I. powder and report made. Four hourly doses of bismuth carbonate (grain 30) may be combined with the E.B.I. treatment.

Diarrhoea may become excessive during the treatment. This must be reported. As the course proceeds the pulse becomes small and soft as the heart weakens, so the nurse must see that the patient is kept at rest in bed.

When the E.B.I. course is finished the diet may be increased, milk puddings, bread and butter, jellies, potatoes, and the finer vegetables, baked apples, bananas, chicken, etc., being added. Avoid articles of diet causing gritty or nondigested residue. Alcohol is forbidden.

Constipation, which often follows, requires treatment by abdominal massage, drinking more fluids, eating more fruit, and lubricants such as liquid paraffin, petrol agar, etc.

Emetine Per. Iodide (E.P.I.), a less nauseous preparation, is given in capsules of grains one or two three times daily after food. The giving of tablet Fel Bovinum, grain V with the capsule is stated to aid the action of the drug.

Yatren (Bayer, Ltd.), a yellow powder, can be given by mouth in pill form as one or two pills (grain IV) three times daily after food, or two pills at night; or as a golden yellow solution of 2 per cent. strength as a retention enema. The bowel, having been previously washed out with a solution of bicarbonate of soda (one teaspoonful to the pint), 200 c.c.'s of the Yatren solution are injected to be retained for six hours if possible.

Retention enemata of Yatren solution may be combined with emetine, or E.B.I. treatment. Such combined treatment makes a big demand on the patient's endurance and the patient needs careful watching during the course, but this combined treatment gives the best results.

Many other drugs may be used such as Quinoxyl (Burrroughs Wellcome) Stovarsol, Carbarsone, etc.

Prevention depends on the protection of all foods and water from contamination by dust, insects or human beings. Remember native servants may be carriers. Raw vegetables and fruits are frequently infective. Alcohol should be avoided.

Amoebiasis of the Liver (hepatitis or abscess formation) may follow an attack of dysentery or develop gradually. It will be shown by progressive ill-health, a swinging temperature, a tender and enlarged liver, a feeling of fulness or discomfort, muddy complexion, loss of appetite and weight, a furred tongue, and when the abscess is forming, a greater swing of the temperature and profuse sweating. Shoulder pain is common and cough may be present.

The patient must be kept warm in bed on light diet. Stupes, antiphlogistine or thermogene wool may be applied to the liver region. The patient must be kept dry and his clothes changed after the heavy sweats. The toilet of the mouth must be strictly observed.

Emetine injections are usually ordered and, if symptoms do not soon abate, operation will be necessary. Two types of operation are done:—

1. *Exploratory puncture and aspiration.*—For this a local anæsthetic will be used and two record syringes of 20 or 30 cc. capacity with stout needles $3\frac{1}{2}$ to 4 inches long will be needed, or a Potain's aspirator will be used. After the operation a many-tailed bandage is firmly applied and the patient kept quiet. A careful check should be kept on the pulse for the next twenty-four hours lest hæmorrhage occur. All unnecessary movement of the patient should be avoided. Aspiration may need to be repeated.

2. *Exploratory operation and drainage.*—After the pus has been located the surgeon cuts down on the abscess and a large bore drainage tube is inserted, plenty of dressings applied, and the patient returned to bed. The great danger in this operation lies in the risk of secondary organisms infecting the liver so the dressings must be changed with the utmost aseptic precautions.

Kilner's plan of continuous drainage of the abscess cavity by the Carrel-Dakin tube method with frequent irrigation of the cavity with Eusol solution has reduced the risk of secondary infection and given improved operative results. In this method a small rubber tube passes into the cavity of the abscess with the large-bored rubber drainage tube and the fluid, instilled through this small tube, after washing out the cavity, comes away into the thick dressings, piled over the larger drainage tube.

Any rise of temperature after operation should be reported at once, as it may be due to incomplete drainage or the presence of other abscesses. Emetine injections will probably be continued after the operation. The diet should not be increased until the temperature has settled down.

The possibility of amoebic infection of the liver should always be suspected in white people in the tropics who show steady deterioration in health.

For Balantidial dysentery, thymol oil of chenopodium or organic silver compounds are used.

TREATMENT OF NEUROSIS.

NEEDS OF THE TAVISTOCK CLINIC.

Lord Feversham, Parliamentary Secretary to the Ministry of Agriculture, speaking at the annual luncheon of the Tavistock Clinic (Institute of Medical Psychology), as reported in the *Times*, held at the Café Royal, paid a tribute to the work of the clinic for sufferers from neurosis.

As a probation officer in the past he had learned, he said, that crime and delinquency were often only an expression of deep-seated psychological causes. Industry to-day was a mushroom bed for breakdowns and inefficiency, and a formidable percentage of the working population needed treatment for nervous disorder. The necessary development of its scientific treatment depended on ever-increasing financial support.

Dr. J. R. Rees (Medical Director of the Clinic) said that they had a waiting list of 400 patients. About one-third of all illness was due to neurosis and 31,000,000 working weeks were lost to industry each year from this cause. The training side of their work was the most important, as only about one doctor in 150 had experience of the scientific handling of psycho-neurosis. The clinic now provided 25,000 hours of treatment a year, and of 1,000 cases followed up for six years it was found that 55 per cent. were permanently relieved.

At the annual meeting, Lord Alness presided as Chairman of the Council in the place of Sir Henry Brackenbury, who retires after eight years of office.

Sir Henry Brackenbury said that the work was notable for its continuity, variety and increasing volume. The immediate need was for funds to prevent curtailment of the current activities, and the rebuilding scheme had been temporarily postponed.

Mr. W. F. Roch, the hon. treasurer, said that the income during 1937 was £7,800 and there was a deficit on the year of £3,500.

Mr. C. B. Cochran will give a "Mammoth Revue" at the Adelphi Theatre at midnight on June 30th, in aid of the funds of the clinic.

It has recently been urged by a leading alienist that it becomes more and more imperative in the training of nurses that they should have practical experience in the care of patients suffering from neurosis. Some day let us hope this will be made possible.

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