

PLAGUE

by

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The history of plague is a long and dark one. Even today the name itself, with its association of swift and wide-spread death, brings terror to the people of many lands. So sudden were its visitations in Europe that Ambroise Pare, a famous French physician of the sixteenth century, called the malady "tempestuous".

Coming out of Asia, plague first invaded Europe, via Byzantium, in the sixth century, during the reign of the Emperor Justinian. It was then that Procopius, the Byzantine historian, gave a precise description of the effect of plague on the human body, observing that it brought about blood-poisoning and inflammation of the lymphatic glands.

After several successive waves of plague had spread over Europe, the disease appeared to lie low for nearly three hundred years. Then, in the fourteenth century, the terror revived. This was the time of the "Black Death" which devastated Europe, wiping out over a third of the total population. Time and again the terror struck, the attacks continuing until the eighteenth century. When in 1720 it re-entered Marseilles to claim 40,000 victims, it had already left hundreds of thousands dead in its path including 70,000 in the London of 1665.

Crude Defence in Middle Ages.

The panic created by the mysterious disease led to the adoption of crude methods of defence. Infected houses were fumigated and marked with a cross, and no one was allowed to enter. Doctors wore cowls, and their clothes also bore the sign of the cross. People stepped back at their approach with apprehension, or even with hostility.

It was forbidden for anyone from an infected zone to enter a healthy city. Those caught attempting to do so were

turned back after having their ears cropped. The sight of persons whose ears had been cut off was not uncommon.

The rapid and unpredictable movement of the "Black Death" gave rise to rumours that it was being deliberately spread. The accusation was made that fat from corpses was being smeared on the doors of houses. Many unfortunates were declared to be guilty of this offence and put to death.

Plague was believed to be a manifestation of divine wrath and the saints were called on to intercede on behalf of mankind, the most celebrated being St. Roch, popular pictures of whom are still to be seen showing him with the thigh gland enlarged—a symptom of the disease—and at his feet the dog that had saved him from starvation when he was cast out as plague-stricken.

The many parishes of St. Roch today bear witness to the fact that plague had visited them, and so caused them to adopt the saint's name in the hope of obtaining his personal intercession.

The realization that plague was spread through contagion developed with increasing force, and in the fifteenth century the Venetians set up the first isolation ward and created quarantine.

Eradication Foreseen Today.

Although plague left Europe in the eighteenth century, it has remained in the Orient where its ravages still continue. 100,000 died of it in Canton in 1894. In the same year it reached Hong Kong, where Yersin discovered the bacillus that now bears his name. In 1896 Roux and Yersin showed that the bacillus was identical with that found in infected rats. Finally, in 1898, Simond demonstrated that the disease is carried by the rat flea.

Within a few further years all the relevant facts about the disease were co-

ordinated, and shortly after was added knowledge of the type of infection carried by wild rodents, now known as sylvatic plague. By now the fight against the "Black Death" had commenced along planned lines by means of destruction of rats, isolation of individuals in contact with infected persons, quarantine, and the use of treatment sera and preventive vaccines.

In recent years great progress has been made. The discovery of powerful insecticides such as DDT, and of efficient therapeutics such as the sulpha drugs and streptomycin have given greater hope for conquering this age-old scourge. The World Health Organization has formed an Expert Committee on Plague for the purpose of combining all known methods of attack against what was once an almost unknown enemy. During the recent meeting of this Committee, held at WHO Headquarters in Geneva a system was planned for the compilation and assessment of all existing data, the carrying

out of full treatment measures and the detailing of methods of eradication of plague centres.

It is planned that a group of specialists in this field will be sent to India, where the disease today presents a very grave problem. There they will demonstrate plague eradication work for the first time on an international scale. Other demonstration areas for plague eradication recommended by the WHO Expert Committee include one of the infected islands off the coast of Africa (Azores or Madagascar), Morocco, the Belgian Congo, and China.

In these plague centres the use of DDT, "1080" (sodium fluoracetate), and streptomycin, combined with the expert knowledge available today, will demonstrate in actual practice the ability of modern science to conquer one of man's most dreaded enemies.

(By Courtesy of World Health Organization.)

TRENDS IN THE TREATMENT OF TYPHOID

By

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PART I

Preventive treatment to-day forms the basis of all modern medicine. With regards to typhoid these measures are the problem of the Public Health Department. Still all members of a community can greatly aid these authorities by helping the campaign of sewage and soil disposal also by guarding against the housefly. Water, milk and meat often come under the law in many countries. Persons found selling contaminated meat and fish are liable for prosecution. In London, local authorities coming under the London County Council, go a step further, they provide certificates of cleanliness, or badges are given as an award to encourage catering establishments to be proud of their hygienically maintained store or

cafe. Thus the need for the individual to show a civic sense of social responsibility is created.

While gathering the data for this article, both doctors and experienced administrative nurses emphasised that they are still of the opinion that no matter what the potentiality of the new drugs, nursing treatment and the untiring attention to skin, pressure points, the mouth etc. are of primary importance.

Since this article is chiefly for post graduate nurses, I shall endeavour to specially go into the diet of the patient giving those used by two different physicians. Again let me state that the nurse must observe her patient most carefully and it will be seen that it is from their reports that the doctor varies his treatment. Therefore, team