

wounded. They were fine strong looking young women, their busts looking like pincushions from the vast array of "decorations" which had been given them since coming to Japan, they having been made members of innumerable societies all of which had pretty badges. They also had the medal for the Phillipine War from their own country.

There was a medical woman in the party and on my saying to a nurse "Is she your Superintendent?" she most indignantly denied the necessity of one, saying, "Are we not all graduates?" These dear ladies were feasted and fêted through a long tour of Japan, but never a bit of nursing work was allotted to them for they were not needed, though the compliment of their coming was much appreciated.

I wished to give a gift of sweaters and socks for the Japanese sailors and was told that all must be white as it was feared that dyed wool might get into wounds and interfere with the healing process.

We all wish God-speed to the good ship "Madras". It is much to be regretted that the large quantity of milk ordered from Home for that ship should now be lying at the bottom of the Indian Ocean. It is good to think that not only are nurses going in this ship who understand the nursing of Indians, but there is actually one of them, an Indian lady, a fully trained nurse who is the daughter of a judge. Let us hope this splendid example may be followed by many such. It will show that Indian women have courage and that Indian men need no longer hide their women behind purdahs.

M. A. N.

SPRUE.

BY MISS VIOLET MACHADO, B. A., M. B., B. S.

House Physician, Cama and Allbless Hospital, Bombay.

I am sure most of my readers must be familiar with this disease, which is known in scientific language as "Psilosis," and also as "Tropical Diarrhoea," or "Diarrhoea Alba" of the Tropics. As it is a disease common in tropical countries, and found occasionally in temperate ones, I think it would be worth our while to know something about its onset, causes, symptoms and treatment.

Now the first essential about any disease is to know what part of the body it affects and how it does so. Sprue is a catarrhal inflammation of the alimentary canal or the intestines, i.e. a condition of the intestines which leads to the secretion of a good deal of fluid matter. It is usually found in patients whose digestion is run down and weak. Sir Patrick Manson, the most authentic writer on Tropical Medicine, says that the tropics tend to produce excessive activity of the digestive system, which gets exhausted and gives way. He also thinks that it might be due to some special germ which, however, has not yet been discovered.

Knowing something about the seat of the disease, we must go into its principal causes and then its onset. The first cause that leads directly to the disease is a hot climate. Coupled with this come certain exhausting conditions such as chronic dysentery, diarrhoea, and piles, which everyone who has had a little experience of nursing in India must have come across rather frequently. Then come bad hygienic conditions, *e. g.* want of fresh air and good food, overcrowding, dirty water and a faulty system of drainage. To add to the above there may be depressing mental conditions, no doubt aggravated by the heat.

As to its onset, it usually starts with an irregularity of the bowels, *viz.* alternate constipation and diarrhoea, the latter usually occurring in the early morning. Or again it may be primary, or secondary to dysentery or some other intestinal trouble.

There are two types of Sprue, (a) the gastric type and (b) the intestinal type. In the former case the patient will have flatulent dyspepsia with a sore mouth, but no diarrhoea. Whereas in the latter type, the predominant symptom is diarrhoea alone. The duration of the disease varies from a few months to a few years, with a tendency to relapses, and worse still a fatal termination, if not taken in hand in time.

The general outlook is good in young patients and early cases, but bad in old and debilitated patients and especially in those who cannot digest milk.

Having come so far, we have at last reached the most interesting part, *viz.* the symptoms of the disease. The best way to consider these is to imagine a patient suffering from sprue as being in your ward. She will have a look of extreme wasting and anæmia, a sore mouth, flatulent dyspepsia and diarrhoea consisting of large, pale, frothy stools. Taking each one of these symptoms separately, we can draw a very gruesome picture of the unhappy victim. The mouth is sore, with patches of erosion or ulceration and red also; the tongue is tender and quite smooth, hence the name Psilosis. This soreness may extend to the gullet, when the patient will complain of heart-burn or a burning sensation in the chest after meals. With this the patient will have a large, full, soft and distended abdomen, with gurgling on pressure and fulness after food. The diarrhoea which is usually present in the morning only, consists of large frothy stools with a very offensive odour, containing undigested fat, and with these stools there is a great deal of burning at the anus. The patient looks emaciated and anæmic, and in many cases there is pigmentation of the finger nails, while the patient is very weak, languid, irritable and obstinate. Due to failure of the circulation of blood, the legs get swollen, and the skin takes on an earthy tint.

The first essential in the treatment is to get a clever and tactful nurse, who will exact entire obedience from the patient, and see that the diet is strictly adhered to. The patient must be kept in bed to preserve her strength. To prevent her from catching cold she should always have on warm clothing with a warm flannel binder round the abdomen. Food should be given every two hours, in small quantities at a time. This should consist of buffalo's or preferably cow's milk with 2 grs. of Sodium

Citrate added to each ounce to make the milk more easily digestible; while the food should be given with a teaspoon and very slowly. If the doctor thinks it advisable he will order Lacto-peptin or Benger's Liquor Pancreaticus to be given after the milk for the same purpose.

The juice of fresh fruit such as grapes, oranges, pomegranates, and limes in small quantities is a part of the routine treatment. Strawberries have been found to act as a specific. Be careful that you get thoroughly good ones; start with one for each feed and then go on gradually increasing the number till the patient is able to take about 300 a day.

Drugs as prescribed by the physician will usually consist of those which stimulate the flow of gastric juice and increase the appetite. In spite of diarrhoea, the patient must have 1 teaspoonful of Oleum Ricini every five days to keep the bowels fairly open. Before giving any pungent or carminative mixture, swab out the mouth with Glycerine c Boracis and Cocaine to allay the soreness. The Salisbury treatment of Sprue consists in giving minced underdone meat and hot water, as also fruit juice. Beware of sour milk or butter milk, for it leads to fermentation in the stomach and intestines which we must try to avoid. Sir Patrick Manson advises small injections of the Arsenate of Iron.

In conclusion, three-quarters of the treatment of Sprue rests in the nursing. Therefore every nurse who takes up a case of Sprue must first and last remember that the patient must be entirely under her control; while she herself must implicitly follow the physician's instructions.

OPHTHALMIA NEONATORUM.

By Miss L. E. MACKENZIE.

ON this subject Dr. Sydney Stephenson, Ophthalmic Surgeon to Queen Charlotte's Hospital, London has a most interesting and instructive article in *The Practitioner* for September 1914. He mentions that from April 1st 1914, cases of ophthalmia neonatorum were compulsorily notifiable by medical practitioners in England and Wales including London. Dr. Stephenson's experience is that the disease is less frequent in hospitals than it used to be twenty-five years ago, though other surgeons have not the same opinion. Dr. Ernest Thompson of the Glasgow Eye Infirmary finds from statistics (1894-1906) that the disease is not less in that industrial centre. Dr. J. Jameson Evans of Birmingham also notes no decrease in the last twenty years. Doubtless owing to compulsory notification, many cases before suppressed are now officially on record, and this may explain the apparent want of improvement. The British Medical Association Committee on Ophthalmia Neonatorum in 1909 was constrained to admit that "cases of Ophthalmia have been found to occur amongst cases attended by medical practitioners, as well as amongst those attended by midwives." Of 62 cases