

to national economy, His Majesty's Government has decided that schemes involving expenditure not yet in operation are to remain in abeyance, and consequently (unless that decision is revoked) it will not be possible for the Chief Secretary to take any action on the Report of the Irish Public Health Council relative to the establishment of a Board or Ministry of Health in Ireland.

And so this is the outcome of a year and a half's hard work on the part of the Irish Public Health Council.

But this is not all. England and Scotland have each already obtained a Ministry of Health which is in full working trim. It is proposed that the creation of a Ministry of Health for Ireland shall be—perchance indefinitely—postponed.

It is to be hoped that a sufficiently strong expression of public opinion will be brought to bear on the Government to prevent such an injustice to Ireland being carried into effect.

In view of this retrenchment policy, I have had the curiosity to inquire what burden the annual cost of the Irish Public Health Council imposes on the Imperial Exchequer. The answer is Four Thousand Pounds sterling (£4,000). The only comment I would make upon this fact is that the sum is negligible when compared with a statement published in the newspapers a short time ago that the battle-cruiser H.M.S. "Repulse" had been refitted and re-commissioned for active service at a cost of £750,600—over three-quarters of a million of money! (*Vide Daily Graphic*, Monday, January 3rd, 1921, page 2.)

This fact needs no further comment, and must serve as my most eloquent peroration.

A CASE OF BUBONIC PLAGUE IN DUBLIN.

BY SIR A. BALL and H. C. DRURY, M.D., F.R.C.P.I.

In the unavoidably absence of Sir A. Ball, his portion of the communication was related by¹ Dr. H. C. Drury, December 3, 1920.¹

SIR ARTHUR BALL was called to Sir Patrick Dun's Hospital late in the evening, to a case brought in by the ambulance,

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supposed to be one of strangulated hernia. He ordered preparations to be made for operation before he went down. On arrival he found a young woman aged about 25. She seemed very ill, said she became so three days before, which began with intense pain in the right groin, and that she had vomited. Her temperature was 104°. On examination it was found that there was a swelling of a femoral gland about the size of a walnut, but that there was no hernia. The gland was causing great pain and was extremely tender. There was no redness of the surrounding skin. As preparations were all made for operation he determined to remove this gland, and as the constitutional disturbance pointed to a very virulent infection, he had the gland at once sent for examination.

The entire credit for the recognition and isolation of this case is due to Sir Arthur Ball, who, by observing that he was dealing with some infection of a particularly virulent character, had the specimen immediately examined with a view to future treatment.

To Dr. Synge is due great credit for at once recognising it, and having the courage of his conviction to announce such a startling and unexpected diagnosis, so that the patient was immediately isolated and all steps taken to check the spread of the disease.

It was after this that the case came under my care, so that I have only to deal with its clinical course.

Plague has four clinical varieties—(1) The bubonic form, in which bubos appear in any or all of the lymphatic glands. Most commonly they appear in the femoral and inguinal glands. These swell rapidly, with severe pain, and some break down and suppurate if the patient survives a few days. This is the least virulent form—and to it the present case belongs.

(2) The septicæmic, in which there is high fever of septicæmia type with severe constitutional symptoms. The blood swarms with *bacillus pestis*, and death is almost invariable.

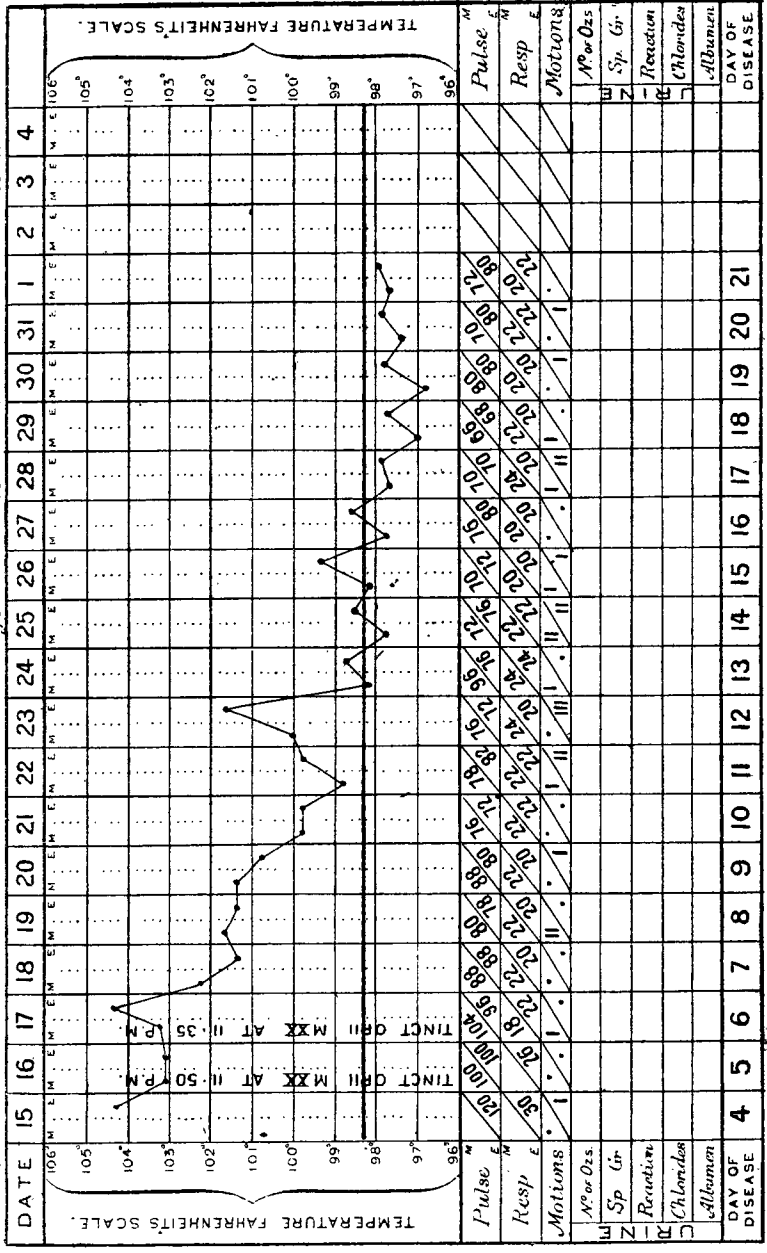
(3) The pulmonary or broncho-pneumonic form, which requires no further description. It is said to be invariably

CLINICAL CHART OF TEMPERATURE, &c.
 Disease

Result

Age

Name



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and rapidly fatal, and also by far the most dangerous to the attendants and others, as the coughing and dyspnoea send a spray of bacillus-laden moisture into the atmosphere, which invariably infects others, unless special and elaborate precautions are taken.

(4) The mixed form—being a combination of any two or the three preceding forms—therefore very fatal.

Its mode of spreading may be by direct infection from one human being to another, either by inoculation with some discharge of the sick through a breach of surface in the healthy, or by inhalation of germ-laden atmosphere. By inoculation through the medium of rat fleas—which have left a sick rat and sought temporary sustenance from a human being. Sometimes the inoculation is caused by the bite of a sick rat or other animal.

The case under consideration was that of a young woman of about 25 years, who came into hospital under the circumstances related by Sir Arthur Ball on the 15th October last. She lived not far from the shipping quays on the South side of the river, in a single room, alone, with a cat as bed-companion. When I saw her first on the morning of the 18th, I was at once struck with her typhus-like aspect. She was heavy, stupid and apathetic, the eyelids drooping, the sclerotics slightly suffused, the face dusky and pallid without a trace of pink colour. The temperature was 102°, pulse quiet, regular and only 100, but very weak; respiration 22. The lungs and heart were healthy, the abdomen normal, save that above the right Poupart's ligament there was a deep swelling parallel to the ligament, about 2½ inches long and about one inch broad. This did not cause pain, but was exquisitely tender to the slightest pressure. The trunk was covered with the marks of flea-bites, and the nurse informed me that she was in a very dirty state on admission. Careful search was made for the minute vesicle or pustule, frequently seen at the site of inoculation on the macule made by a flea-bite, but nothing of the sort was found, and there was no wound to be found on the body.

On the first two nights she was given an opium draught to procure sleep. Small doses (dr. ii.) of whiskey every

third hour and any nourishment she would or could take were given. No serum was administered.

For the first three days in hospital, that is the 4th, 5th and 6th days of disease, the temperature remained very steady between 103° and 104.4° , and probably was much the same for the three days before admission. From the 6th day of disease the temperature steadily fell, reaching 98.8° on the morning of the 11th day. Then it rose again in the evening of that day, reaching almost 102° on the evening of the 12th day, falling next morning (13th day) to 98° , and after that it remained to all intents and purposes normal. This appears to be the usual course of the fever in bubonic cases which recover.

The swelling above Poupart's ligament gradually subsided somewhat. It lost its tenderness almost entirely, when the temperature fell to normal. There was no suppuration, but it remained as a hard indurated flag up to an advanced period of her convalescence. Throughout she had no pulmonary complications whatever, and there were no septicæmic symptoms. Her pulse, at first very weak, remained remarkably quiet all the time, generally under 80, and soon regained strength. Her appetite was quite good, and she was liberally fed. She slept well, soon lost her appearance of sickness and became quite cheerful, doubtless still wondering why she had excited so much interest. The operation wound closed by "first intention" without any appearance of redness or irritation, but in about a week a slight discharge of lymphous fluid appeared; this increased daily, and the wound opened completely, without, however, any signs of inflammation, and the discharge became a thin, watery pus. This continued for quite a fortnight before the wound healed, but it did not delay her convalescence, which was quite good. The discharge was examined at intervals several times, but no plague bacilli were found in it.