

*ENTERIC—ITS CAUSES,
SYMPTOMS, COMPLICATIONS, AND NURSING.*
THE PRIZE PAPER.
By "COMPETITOR."

Typhoid, or Enteric Fever is a specific infectious disease. The germ to which it is due, is found in the motions, which are of a typical pea-soupy appearance, and is by their means, almost entirely, spread. At first discharged the motions do not contain the poison in the active state; on standing and decomposing however, they become highly infectious, and spread the disease by mixing with the air and being breathed in, in the form of dust, or getting mixed with water, which is afterwards drunk. The invasion is gradual. The severity of the fever varies from an attack so mild that the patient does not consider it necessary to go to bed for it, to one so bad that if he does not die, he is for a long while in great danger.

The symptoms, often preceded by diarrhoea and epistaxis, are those of most other fevers, namely, headache and general malaise, with a tendency in bad cases to pass into the "typhoid condition" (apathy and low muttering delirium). A rash of small rose-coloured spots, which are not always present, is found on the back, chest and abdomen. They come out in groups at the end of the first week of fever, disappear on pressure, and last for about two days. The temperature rises steadily, during the first week of Enteric, often reaching to 104° F. Then follows a week of steady continuous fever, the temperature varying between 102° F and 104° F, and in the third week the temperature begins to fall step by step to normal. This is called "termination by lysis." Although the temperature is normal, this third week is the most dangerous. Enteric being a disease of the intestines, chiefly the small intestine, ulcers, which have formed during the previous weeks, now begin to slough, and there is great danger of hæmorrhage and perforation, both of which are most serious, the latter always fatal.

In favourable cases at the end of the third week, the patient's condition, general and mental, begins to improve, and the tongue, which has been furred, begins to clear at the tip and edges. If an unfavourable case, as the patient gets weaker, many complications and dangers may arise. Hæmorrhage may occur during the third week, while the sloughs are separating. The motions may be tinged with blood, or quite a lot may be lost at one time. This is a most serious complication, if not checked in time. Sometimes the patient may lose a great quantity of blood, before any is passed into the stool. This internal hæmorrhage may be detected by the patient's pulse getting rapidly weaker, breathing with difficulty, sudden drop in the temperature to below normal, pale and anxious look on the patient's face, and there may be vomiting. In such cases the doctor must be sent for immediately, the patient kept absolutely still, and on no account must any stimulant be given.

Perforation is another complication, which may occur about the same time as hæmorrhage. This is generally due, either to some exertion on the patient's part, such as sitting up in bed, or eating something solid,

which is apt to rupture the intestine at a weakened spot; and it may also be due to rough handling of the patient in turning him about. The part of the intestine which has ruptured, empties its contents into the peritoneum. Peritonitis results and death follows.

Another complication is pneumonia, which comes on very gradually, without any pain or cough. This is due to letting the patient always lie in one position, mostly on the back, and so allowing the lungs to get congested. This occurs most in old and feeble people, and is called "hypostatic pneumonia." Bronchitis may sometimes be present.

Hyperpyrexia is another danger of Enteric, as this continued high fever, often reaching to 106° F. and more, rapidly weakens the patient. Relapses may occur after about 8 to 10 days normal temperature. The fever and other symptoms are the same, but not so severe. Great care must be taken in the nursing of an enteric case. The chief nursing points are:—

I. Absolute rest. On no account must the patient be allowed to sit up or help himself in the least little way. Friends must be excluded from the sick room, if possible. There should be perfect quiet around the patient, if it can be managed. Care must be taken in lifting and turning the patient for reasons already mentioned.

II. Careful feeding. Milk is the best form of nourishment. As many as three to four pints may be given in the twenty-four hours, if it agrees with the patient. Four ounces may be given every 2 or 3 hours, and it should always be diluted in the proportion of 3 parts milk to one of, either barley, soda, or hot water. Soda should not be given too liberally and must be stopped altogether, if it causes flatulence. If milk does not agree with the patient, and forms curds, whey, albumen water, and weak soups can be given. As the patient approaches convalescence, he is generally very hungry, and this is the time the nurse must be most careful in watching to see that he does not eat anything solid, that his friends or relatives may bring him from a mistaken sense of pity. The nurse must be most firm on this point. Solids may not be given till the patient's temperature has been normal for about 10 days, and then only a light diet, such as chicken, fish, custards, bread and milk should be given. If any sign or symptom of a relapse is noticed, the diet must be immediately stopped, and the patient put back on liquids.

III. Sleep should be fostered in every way, except at the expense of nourishment, but the patient, if he had taken a proper amount at the last feed, may be allowed to miss one, and then awakened for the next. Sleep may be induced by tepid sponging, and careful remaking of the patient's bed, not allowing any creases to remain under him, as often the slightest ruffle in the bed-clothes, makes him restless and sleepless. Brandy in a little hot water may also be given at bed-time.

IV. Reducing the temperature which has a weakening effect on the patient. This may be done by means of tepid, hot or cold water, and also by applying an ice-bag to the patient's head. In cases where the above are of no avail, packs warm and iced are ordered, and the patient is left in them

till the desired temperature is reached. Care must be taken to see that he does not collapse while in them. Sometimes continuous baths at a temperature of 100° F. are ordered; but this very seldom, and only when all other means of reducing temperature have failed.

In nursing an Enteric case, the nurse must always bear in mind, that Typhoid is an infectious disease, and that all discharges from the patient are liable to spread it. For this reason all discharges and excreta must be received into vessels and receptacles that have been thoroughly cleaned and disinfected, and in which some disinfectant, such as carbolic lotion 1 in 40 is allowed to remain. After use, some more disinfectant must be thrown in, the pan or vessels properly washed, cleaned, and again disinfected, and put by till needed. For the same reason all bed clothes, towels and clothing used for the patient, should be soaked in some weak disinfectant before being allowed to go to the wash. The clothes worn by the nurse while attending the case, should also be disinfected. The nurse must always be very careful to allow her hands to soak in lotion after touching the patient, and before going amongst other people should change her clothes, and thoroughly disinfect herself.

Convalescence in Enteric cases is very slow and tedious. The patient should not be allowed to overtire himself; sometimes he is apt to get irritable; in such instances, the nurse should be most tactful and not worry her patient by unnecessary fussing, nor should she lose her temper, but always keeping in mind, the amount of pain and suffering her patient has gone through, and his tedious convalescence, should at all times be cheerful, patient, and kind.

THE INTERNATIONAL COUNCIL OF NURSES.

IN a private letter from Miss Dock received by the Editor last mail, she says, speaking of course of the International Conference.

"Our Conference is already ruined. We will probably have our own annual meetings but who will come from abroad? Even you on the other side may be in some way involved. The Canadian nurses have put every thing else aside to take part in War nursing. We have decided not to attempt any exhibit of nursing material. The pinch of poverty is felt already. I hardly believe that we can make any contribution to the Nightingale Memorial this year on account of the war."

Further contributions received in October.

Mrs. Simon	...	...	...	...	...	Rs. 5
Miss Butcher	...	...	...	...	...	15
Miss Ambrose	...	...	...	...	...	3

Acting upon the advice that the Nightingale memorial will not be attempted this year on account of the war, the Publication Committee has decided to return the money already collected, to the contributors.