

Wards; yet, if you have an opportunity of doing so, and are not troubled with fears of personal safety, I would most certainly advise you to make yourself practically acquainted with this very interesting branch of Nursing; for there are few diseases in which so much power for good or evil is in the hands of the Nurse.

Enteric, or typhoid fever, as you hear it sometimes not very correctly called, is a very insidious disease. A person may be sickening, as they say, for a week or longer. He will feel chilly and have pains in his limbs, headache, giddiness, no appetite, and perhaps there may be sickness, and sooner or later there is generally diarrhoea. There is a good deal of feverishness at the commencement of the attack, more especially in the evenings; indeed Dr. Murchison says that an evening temperature of 103 deg. or 104 deg. with diarrhoea ought always to arouse a suspicion of the nature of the complaint. Sometimes, however, the diarrhoea does not commence till the second week. The evacuations from the bowels will be loose, yellow, of a pea-soup coloured appearance, and very offensive. The temperature in the earlier period takes a tolerably uniform upward course, and may probably reach 104 deg. about the evening of the fourth day, alternately increasing from morning till evening, and decreasing from evening till morning. Though sometimes the tongue may remain moist throughout the attack, yet, in the words of Sir W. Jenner, a small dry tongue, with red tip and edges, smooth, fur of pale brownish yellow, and fissured, the surface seen between the fissures being of a deep red, may be considered symptomatic of enteric fever.

In enteric fever, between the seventh and twelfth day, a few separate, small, circular, bright rose-coloured spots appear, slightly raised above the level of the skin, disappearing on pressure, but returning when the pressure is removed. Each of these spots lasts about three days, and a few fresh ones come out every day or two until the third week, after which they disappear.

Delirium is frequent, but does not invariably occur. Enteric fever generally extends over twenty-one days, and has often been observed to terminate about the twenty-first day; hence the name by which you will sometimes hear it called, twenty-one day fever.

There are several things about enteric fever which call for the greatest watchfulness on the part of the Nurse. First of all, the feeding of the patient, which will, as long as the temperature continues high, consist only of milk, beef tea, and such stimulants as the Doctor may order. An adult will take a pint and a half of strong beef tea, and as much milk, in the course of the twenty-four

hours; and if he is able to take this amount of nourishment, there is good hope of his ultimate recovery. A little should be given at a time, and nothing should be given hot, nor should the patient be permitted to raise himself in bed in order to take it; but it should be given by means of a feeder, always remembering what I have told you before about the difficulty a person with a parched mouth and dry lips finds in taking anything into his mouth. When the patient is in a stupor, you should rouse him to give him food at the proper time; but if he happens to be just having a little refreshing sleep, do not wake him up because it happens to be the exact minute for his beef-tea or milk.

You must be very particular that your patient always preserves a recumbent position. He must not be suffered to get out of bed for any purpose whatever; and in making his bed, changing sheets, draw sheets, &c., should roll him gently from one side to another, and never allow him to sit up during the process. I have seen patients occasionally lifted bodily in their sheet and placed on the ground, or an adjacent bed, whilst their own was being made. As far as I know, they were not injured thereby; but it is an unnecessary risk which a good Nurse will always avoid. The reason why a patient with enteric fever should not be allowed to sit up is that a certain part of the intestinal canal is always in a more or less ulcerated state. Sitting up causes a strain and a pressure to be put on this which sometimes causes a perforation of the intestine. It is this state of the bowel which renders it imperative that you should rigorously forbid all food save that ordered by the Doctor. In Nursing patients in the General Wards of a Hospital, in which enteric fever is often placed, this is occasionally very difficult, and it requires great vigilance to prevent good-natured fellow-patients, as well as visitors, doing much harm by indulging a fever patient with forbidden dainties. This is one of the cases in which it is quite worth while to take a little trouble in explaining *why* it is that you are so unkind as not to allow your patient to partake of the generally not very tempting luxuries offered. Patients recovering from enteric fever have often a ravenous appetite, but very little indiscretion in the matter of diet is sufficient to cause a relapse.

It will be necessary to use the greatest care to prevent bed-sores. I have already spoken so fully on this subject, that I need do no more here than remind you that cases in which the evacuations are constantly passed in bed, require more than ordinary vigilance. I must confess myself to a great prejudice in favour of beds filled with oat-straw for fever patients. They are not so unyielding as mattresses, and there

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