

days, maintains a fairly even height during the first two weeks, and falls gradually or suddenly about the end of the third week. There are, usually, only a few spots on the surface of the abdomen, which appear between the seventh and fourteenth day of the illness—a distinctive feature of the complaint as compared with other infectious fevers which are associated with skin eruptions. The ulceration of the bowel sets up more or less irritability of the intestines, and therefore one of the earliest and the most persistent symptom of the disease is diarrhoea. Just as the flakes of skin from a scarlet fever patient convey the infection of that complaint, so the intestinal discharges convey the infection of typhoid fever. Consequently, it is as necessary both for the protection of the healthy, and of the Nurse, to immediately disinfect all that passes away from the body in this disease, as it is to prevent the dissemination of the affected shreds of skin in other infectious complaints. Fixing our attention, then, upon the ulcerated surface in the bowel, and remembering what was said concerning ulceration of the Stomach, it is possible to realise the gravity of this disease, and the extreme need of careful Nursing for patients who are suffering from it. It is, indeed, not too much to say that Typhoid Fever is essentially a disease that requires skilled Nursing, and which yields better results to such care than to ordinary medication. The patient, as a rule, is quickly depressed; the diarrhoea, on the one hand, weakens him, and, on the other, prevents the proper digestion of food, thus still further exhausting his strength.

Then there are active dangers from the typhoid ulceration, which are greater than those met with in cases of ulceration of the Stomach—the possibility, that is to say, of what is termed *Perforation*, or the ulceration through the wall of the intestine into the peritoneal cavity of the abdomen. Through such an opening, the contents of the bowel would be squeezed into the cavity, and extreme inflammation of the peritoneum, or what is called *Purulent Peritonitis*, would then almost certainly follow. Formerly, such an occurrence was almost invariably fatal, but within recent times it has been found possible by immediate operation—that is to say, by opening the abdominal cavity, sponging out all the matter effused from the bowel, and closing the opening in the bowel by stitches—to save a small proportion of

patients. But the contingency of Perforation of the bowel is one which must be ever present to the Nurse's mind as the gravest danger of the disease.

The ulceration, again, may, as in the case of ulcer of the Stomach, open into one of the blood-vessels, and then more or less profuse hæmorrhage will occur—sometimes to such an extent as to cause the rapid death of the patient. The Nurse, therefore, must always be on the watch for the passage of blood from the bowels, or even the classical symptoms of internal hæmorrhage—which have been already described; and must immediately report any sign or symptom of such an occurrence to the doctor, because measures to be effective at all, in such an emergency, require to be applied at once.

There is reason to believe, as has already been said, that the cause of the fever in this disease is due to the absorption of poisons from the surface of the bowel, partly perhaps the specific Typhoid germ, partly perhaps some of the products of digestion. It is therefore clear that the less irritation of the ulcerated surface which takes place, the better will it be for the patient; and also that the more clean the intestine can be kept, the more possible will it be to secure the speedy healing of the typhoid ulcers. The modern treatment of typhoid fever is therefore based upon the teachings both of Physiology and of the antiseptic system of treating wounds. Where it is possible for any surface in the body to absorb poison, and so injure the system generally, the first surgical principle is to cleanse that surface and keep it clean. In the next place, it is easy to understand the extreme necessity of keeping the surface at rest, in order to secure that it shall healthily heal; and therefore the diet in cases of typhoid fever is made as nutritious and as little irritating as possible. Milk is therefore the chief article of diet employed, and when its constitution is remembered its peculiar usefulness can be realised. It contains 4 per cent. of proteids, which are digested in the stomach and duodenum and absorbed in the upper part of the intestines; 4 per cent. of sugar, which is also absorbed in the upper part of the intestines; 4 per cent. of fat, which is taken up after digestion in the duodenum by the lacteals in the upper part of the intestine; and finally some salts, which are absorbed at the same point.

(To be continued.)

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