

temperate habits. The reason for this is probably that in the robust the heart is not as muscular in proportion to the size of the body as it is in small people. Consequently, when an acute disease attacks them there is less margin of heart power for them to draw upon.

The previous habits of the patient also are important. The emaciated and starved bear enteric well, because their bodies have become accustomed to a poor variety of blood; and they feel the change from their usual health to disease less acutely. In regard to alcoholism, there is an important distinction between the man who drinks to excess at intervals and remains fairly sober otherwise, and he, or she, who is never "drunk," but is constantly taking small quantities, usually of spirits, though they may both consume the same amount of alcohol in the same time. The Irish navvy and the eminently respectable spinster who finds a grocer's license so convenient, are good examples of these two types. The latter bears enteric much more hardly than the former.

Worry, also, has an important bearing on this point. The harassed business man, the woman, prematurely aged from excessive child-bearing and the anxiety about the support of her children, are all apt to do badly.

But apart from these considerations, it is possible to recognise three fairly distinct types of enteric fever, according as the main stress of the disease falls upon the intestine, the circulation, or the nervous system.

In the intestinal type it is evident that whatever is the matter with the patient is situated in his abdomen. Thus, there is distention, diarrhoea, and abdominal pain, though he may not, and usually does not appear so poisoned as the man who has a flat abdomen. In this type intestinal hæmorrhage or perforation is likely to occur, so the utmost vigilance on the part of the nurse is necessary to keep the patient perfectly still. Once the immediate danger is passed, and the abdomen has resumed its normal shape, these patients usually recover fairly rapidly, and are not markedly liable to the complications of convalescence. This type is distinctly more common in women; especially between the ages of fifteen and twenty-five.

Of the toxæmic types, there are again two varieties, and of these, by far the commonest is the kind of illness that most often attacks the robust man, and here the blood contains a large amount of the typhoid poison, while there is often nothing to show that the manufactory of the toxin is situated in the abdomen at all. The patient is, as often as not, constipated throughout, and there may be no abdominal pain or distension.

But there is intense delirium, high temperature, and circulatory weakness; the heart is unable to do its work properly, and the first part of the body to feel this is the lung. There is thus bronchitis;

with inability to cough up the accumulated secretion, and the patient's colour is dusky, or livid, showing deficient aëration of the blood. These patients frequently die of heart failure, or of choking up of the lungs towards the end of the second week, and if they ultimately recover, convalescence is apt to be delayed by intense weakness.

The third type, where the disease attacks the nervous system chiefly, is the least common of all, and is apt to occur in middle-aged married women, and less commonly in small, dark, spare men. Here there are no very marked abdominal signs, nor is the pyrexia or bronchitis excessive, but the patient suffers from most intense prostration, with tremor of the hands and low, muttering, delirium; there is also rapid wasting, and there may be prolonged and almost complete unconsciousness. In this type recovery is the exception, not the rule, and treatment seems to have but little effect on the course of the disease. If the patient ultimately gets well, the mind is apt to remain weak for several months, and there may be attacks of violent mania, alternating with great prostration.

Of the treatment of enteric fever in these various forms I do not propose to say anything at present, but will reserve this aspect of the subject for a subsequent paper. My chief object here is to show that it is impossible to talk about the nature of enteric fever, of its nursing, or of its medical treatment as if these were always the same in all patients; illnesses differ as much as the people who have them. Perhaps the two most important points in all nursing are to know when your patient is seriously ill, or whether he is likely to become so, and to observe what actually happens. I think there is no disease in which the capacity of the nurse is so severely tested in these matters as it is in enteric fever, and there are certainly few illnesses in which she will get more information from text-books about the disease, and so little about the way in which her particular patient is going to stand the disease. The text-book here will only help the doctor; he can do something, but the nurse can often do, or enable him to do, much more.

Provision for Enteric Patients.

At a recent meeting of the Hanley, Stoke Fenton and Longton Joint Hospital Board a letter was received from the Local Government Board, stating that the Board regretted the decision of the Joint Hospital Board not to provide accommodation for cases of enteric fever. The Board pointed out that enteric fever was in the majority of cases a more formidable disease than scarlet fever, that the chances of recovery of the patient depended largely upon his receiving proper nursing and diet, and that infection frequently spread from one member of a family to another under the conditions of accommodation and nursing which were met with in households of the poorer class.

[previous page](#)

[next page](#)