frequently find when our patients are admitted to hospital that they have been fed on milk for a week or more, and that the stools contain undigested curds. This is, of course, a sign that the milk has not agreed with the patient, and our first care must be to change it, for something else that will not appear in an undigested form in the stools. The so-called characteristic diarrhœa of enteric fever is frequently, I do not say always, simply another and erroneous name for milk dyspepsia.

In the feeding of cases of enteric fever we must above all avoid anything that will increase the movements of the ulcerated intestine, or, in other words, cause diarrhœa, and when we have done this we must give him enough food to enable his army of white blood corpuscles to be adequately provisioned for the fray.

In every case the prescribing of the diet must be left to the physician, but I may properly here roughly indicate the points that will guide him in forming an opinion. He will not, in the first place, give solid food to any patient who is suffering from diarrhœa, abdominal distension, or who has recently had hæmorrhage from the bowel, nor to one who has a dry and dirty mouth and tongue. But there remains a certain number of cases in which there are none of these symptoms; patients who are hungry, even though the temperature be raised, in the second or third week of the illness, and to these it is generally possible to give food such as bread and milk, pounded fish, etc., with advantage. The effect of this early feeding when it can be carried out, is not only to shorten the period of convalescence but to render the patient less likely to a relapse of the disease or to such complications as hæmorrhage from and perforation of the bowel.

From your point of view it is important to remember that the nursing has a great effect on the patient's powers of digestion. The dryness of the mouth and tongue is not always due to the disease itself, but to the want of local cleansing, and, personally, I know of no more severe test of the skill and patience of a nurse than the state of the mouths of the enteric fever patients who are under her care. It is essential in this connection that she should report the existence of decayed teeth to the doctor as soon as she notices their presence—it is much easier to keep the mouth clean when they have been extracted.

In the cleansing of mouths I certainly think that there is far too much tendency amongst nurses to ascribe a particular virtue to some drug or other: I do not think that it matters very much what antiseptic be used for the purpose—the essential point lies in the application of it.

Then too, the digestibility of food depends largely upon what a patient thinks of it before he actually eats it, and as you all know this is a matter of nursing pure and simple. The great thing is to vary the diet: not only should different kinds of food be given but the same food should be given in as many different ways as possible. On this account it is essential that the sister of the ward, at all events, should know something about invalid cookery.

In this hospital cases of enteric fever are, as a rule, treated by cold baths. I do not propose to say anything about the way in which they should be given, as that is a practical point that you can learn yourselves, and teach your probationers more easily in the ward. I wish, however, to emphasise two points. Firstly, they are not given for the reduction of temperature: their use is two-fold: to assist the skin in its work of excretion, and, to act as a sedative to the nervous system, to lessen the delirium and to promote sleep. Then the best way of judging whether a patient is standing the bath well is to watch the colour of his lips. Should these become at all blue it is a sign either that the bath is too cold or that he has been in it long enough; the remedy is to take him out of this bath at once, and to give the next one at a slightly higher temperature.

With moderate feeding and cold baths the average case of enteric fever will not suffer from diarrhœa at all, but will remain slightly constipated. This constipation is easily relieved if it should cause any discomfort by enemata, and it is emphatically a good sign: It means almost invariably freedom from risk of hæmorrhage and perforation, and also a comparatively rapid convalescence. The essential point is that the sister of the ward should see every stool that is passed by the patients under her care as long as the temperature remains raised, and should call the attention of the physician to the first sign of undigested food in the excreta.

But there will always be a few patients who have abdominal signs. The presence of distension means, for instance, either that there is a large number of ulcers in the intestine, or that some of them are going rather deeper than usual. In either case, these patients suffer from diarrhœa, and run a risk of hæmorrhage and perforation.

The onset of hæmorrhage is usually sudden; there is marked collapse, a sudden fall of temperature, and some abdominal pain. The abdominal wall may be rigid and the knees drawn up. If the amount of blood lost is

previous page next page