

remains nearly stationary until the fourteenth day, when it drops somewhat suddenly, though in many cases the crisis is not reached until the seventeenth day. After this there is no danger of a relapse, though the patient is left extremely prostrate, and is often delirious for some days longer. In a typical case of typhoid, the temperature rises very gradually in the first week, remains almost stationary in the second, in the third week, the morning remissions and evening exacerbations are very marked, and in the fourth, the evening temperature gradually drops until it becomes normal.

Typhoid fever rarely attacks people who are advanced in life, but typhus may occur at any age; it is, however, attended with little risk to children, and as they frequently have no rash, it is only the fact of the presence of the disease amongst adults in the same house, which enables a doctor to diagnose typhus. The danger seems to increase with the age of the patient, so that in elderly people it is extremely fatal, more especially if they have been of intemperate habits.

In nursing a patient suffering from typhus fever, it is of the utmost importance that he should be put in a large and thoroughly well ventilated room; if possible, one with windows at each end, so as to get cross-ventilation, is to be preferred. This is necessary, not only for the good of the patient, but also for the safety of those attending upon him. The windows must always be kept open for an inch or two at the top, even in the coldest weather, as the temperature of the room can be easily maintained at 60°, by means of a good fire. And it must be remembered that a fire is a most important help to ventilation, so that even in summer (excepting perhaps the very hot weather) it is desirable to have a small one burning. A careful Nurse, finding that her patient is suffering from congestion of the lungs, will perhaps feel doubtful about opening the windows in cold weather, but she must bear in mind that the want of fresh air will be likely to do him far more harm, than will the risk of cold. From the latter, she can protect him by screening the bed from draughts, by keeping the room at an even temperature, and by covering his chest with cotton wool.

The feeding of her patient, is a very important part of the Nurse's duty. The prostration is so great in this fever, that it is absolutely necessary that those who suffer from it should be made to take a sufficiency of nourishment. The Doctor will, of course, give instructions as to the amount of stimulant to be administered, and the Nurse must see that this, and food, consisting of milk, eggs, and good beef tea, are taken regularly, and in stated quantities. This will sometimes require a great deal of tact and patience on her part, but she must on no account yield to the patient, because she finds him unwilling to be disturbed.

During the first week, she will be able to do much

to relieve the distressing headache from which the patient invariably suffers. The hair should be cut close to the head, and cloths wrung out in evaporating lotion, or an ice-cap may be applied, and will afford much relief; but the former will require frequent changing, and, with regard to the latter, it must be borne in mind, that when the last piece of ice is melted, the ice-cap quickly becomes converted into a warm water bag, and does more harm than good. Epistaxis frequently occurs in the early stages of typhus, and may be beneficial in relieving the head-symptoms; if excessive, it can usually be checked by applying lint dipped in iced water to the forehead.

The Nurse must be very careful to notice, and report, the sleeplessness from which typhus patients so frequently suffer. Opiates, or hypodermic injections will probably be ordered in this event, and she must be able to give an accurate account of the effect produced by them. She must also remember that retention of urine is of common occurrence, and must at once be reported. In the absence of the doctor, she may apply hot fomentations, but if they prove ineffectual, and her patient be a female, she cannot do wrong in using the catheter. Constipation must also be reported, as, though aperient medicines may be given in this fever, the nurse should never administer them on her own responsibility.

Congestion of the lungs can hardly be said to be a complication of typhus fever, inasmuch as it is so general as almost to form part of the complaint. Turpentine stupes are frequently ordered to be applied to the chest. They should be left on until the skin is red, about fifteen minutes being usually long enough, and when removed the chest should be quickly wiped dry with a warm towel, and cotton-wool applied, to prevent any chance of a chill.

Paralysis of the throat occurs occasionally in very severe cases, and will necessitate the use of the *Æsophagus* tube for administering nourishment, as the patient will be unable to swallow.

Hiccough, and *subsultus*, or twitching of the hands, are also very bad symptoms occurring in severe cases.

The patient's mouth and tongue will require as much attention in typhus, as in typhoid fever, and his whole body must be sponged with warm water twice a day. When very restless, sponging has a most soothing effect, and will often induce sleep, thus doing away with the necessity for an opiate. The Nurse will need to be specially careful in guarding against bed-sores. Strict attention to cleanliness and dusting the skin with oxide of zinc powder will generally be sufficient to prevent their appearance, and as all Nurses know, in this matter, as in most others, "prevention is better than cure."

During convalescence, abscesses are very likely to form on different parts of the body, and must be poulticed, until they are ready for incision.

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