The Nursing of Children's Diseases.

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LECTURE IV.

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Typhoid Fever does not very often occur under the age of five years, but is common in children above that age.

It spreads by direct contact with the sick, from the evacuations such as the fœces and urine, by the breath, and by drinking water contaminated with the poison. The incubation period is usually two or three weeks. The disease commences gradually with headache and, perhaps, nose bleeding, some chilliness with which the temperature gradually mounts till at the end of the first week it may reach 103° or 104° F. There is often diarrhœa and pain in the abdomen, with loss of appetite and furred tongue. In the second week the headache lessens and there is delirium at night. The tongue gets dry and perhaps cracked, the abdomen distended while there is either diarrhœa or constipation. The diarrhœa may be very offensive, the motions resembling peasoup; or the bowels may be simply loose. The rash comes out during the second week in crops. They are very slightly raised rose-coloured spots, disappearing on pressure. They appear first on the upper part of the abdomen and back, and may spread to other parts, but as a rule they are very few in number. The child may be deaf, apathetic and semi-conscious.

During the third week the symptoms gradually abate, the temperature falls slowly and the tongue cleans, and by the end of this week convalescence in a mild case is established and the appetite begins to return. There is usually considerable wasting and the patient remains feeble and anæmic for some time.

Complications.

Hæmorrhage from the bowels if slight is of no importance and often occurs during the 2nd, 3rd, or 4th week, if the bleeding be severe it causes profound ancemia and is a dangerous and occasionally fatal symptom. Peritonitis may be due to perforation of the bowel or other causes and is very fatal, at its onset the temperature drops suddenly below normal, but usually rises again before death occurs.

Bronchitis and pneumonia are dangerous complications and are suggested when the respirations get rapid and there is much dyspnœa. After the temperature has become normal it may rise again, this may be due to such causes as constipation, too early change of diet, seeing of relations or other nervous cause, relapse or some complication.

A relapse has all the features of an ordinary attack of typhoid fever in a mild form, and usually lasts a shorter time, often ten or fourteen days. During convalescence, which is prolonged, the patient is very liable to contract tuberculosis.

In typhoid fever there is an ulceration of the lower part of the small intestine, this begins as a swelling of the flat patches in the small intestine known as "Peyer's patches," during the second week these patches slough, and the slough is thrown off in the third week leaving an ulcer; this may be the cause of the severe hæmorrhage from the bowel mentioned above, or the ulceration may be so deep as to perforate the bowel and cause peritonitis. In all cases the coat of the intestine is dangerously thinned hence the necessity for carefully keeping the patient in the recumbent position, and the danger of administering purgatives to such patients. A purgative should never be given in typhoid fever till the temperature has been normal some weeks, the bowels if constipated may be opened by enemata every other day.

There is no disease in which the benefits of careful nursing are so evident as in typhoid fever. The patient must be put to bed at once and nursed night and day. During the fever, and for at least a week afterwards, the patient must be fed on milk diluted with barley or soda water, and if the bowels be very constipated beef tea may also be given as a laxative. The milk must be given every two hours, the amount varying with the age of the child, usually between one and two pints in the twenty-four hours. An excess may cause diarrhœa or severe constipation, so if the patient is very thirsty the milk may be more diluted. The return to ordinary food should be very gradual, beginning with Benger's food, rusks, or arrowroot, then very gradually a little stale bread and butter and egg, then fish and white meats, etc. If during this the temperature rise the solid food must be stopped for the time. As during convalescence the patient is often ravenously hungry, a strict watch must be kept in order to prevent his obtaining food