

The Treatment of Enteric Fever.

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In my last paper I spoke about the varieties of enteric fever and its complications. I now propose to discuss, chiefly from the nursing point of view, its treatment.

From the frequency with which we are pestered by the advertising druggist, especially the variety that hails from the other side of the Atlantic, with circulars describing the virtues of antiseptics, which are guaranteed to cure enteric fever in a few days, it might be imagined that the treatment of this disease was simplicity itself. We have only to prescribe an antiseptic, and the drug does the rest. It straightway singles out the bacillus that is doing the mischief, and kills it. Then, the potent chemical changes its nature in some mysterious manner, becomes a tonic, and in two or three more days the patient is well!

Unfortunately, this is far from being the case in practice. There is no drug that will cure enteric fever, and I do not believe there is one that will even influence its course. Drugs are, it is true, valuable—very valuable—but their faction is to relieve the patient of pain, or to stimulate his heart; in other words, they act on the patient, and not on the bacillus he has within him.

A little thought will make this point clearer. The fight between the germ and the blood corpuscle is going on, amongst other places, in the last three feet of the small intestine; the germ, moreover, we know by experiments to be a particularly difficult one to kill, and to require for this purpose very strong disinfectants. Assuming for the moment that there is a disinfectant that will kill typhoid germs directly it comes in contact with them, and at the same time will be entirely harmless to the delicate lining of the intestine—a very big assumption, by the bye—it must be either soluble in water, in which case it would be absorbed into the blood through the walls of the intestine long before it got to the place where the ulcers were, or it is insoluble, in which case it would act as an irritant to the intestine, and be inadvisable on that account. In practice, the usual effect of so-called intestinal antiseptics is to increase, or produce, diarrhoea.

I have dwelt on this point, because I wish to make it clear that in the treatment of enteric fever the nurse must not rely on any drug that has been given to do anything except relieve symptoms. The welfare of the patient here lies much more in the hands of the nurse than it does in most diseases.

What, then, are we to do, or rather to try to do, in treating a case of enteric fever? Firstly, we must keep the intestine still, and then we must keep up the patient's strength while his white blood cells are fighting the bacillus.

Practically, we can almost sum up the treatment of this disease in the first of these requirements.

What, then, is causing the intestine to move? In some cases, undoubtedly simply the presence of the ulcers there; but this is not all. We frequently worry and irritate it ourselves by indigestible food. The first practical point, therefore, is to abstain from giving food which the patient is not digesting. To ascertain this there is one method, and one only—to examine every motion that is passed by the patient to see if it contains undigested food. If the patient is being fed on milk, this will appear as curds; if on albumen-water, as little pieces of coagulated albumen, and so on. When this occurs, the remedy is so simple that it is often overlooked—to stop the food that is not being digested. Generally this is all that is required. For the knowledge that will enable him to do this, the physician depends partially, at all events, and often completely, on the observing power of the nurse.

I should like here to say a little about the value of milk as a food in enteric fever. Theoretically, of course, it is an ideal food, and if the body were a digestive test tube, it would always remain so, but, unfortunately, the body requires variety, and after a week or so usually refuses to digest milk any more, and diarrhoea, with the so-called typical typhoid stools, is the result. Now it is a curious fact that the typical typhoid stool almost always contains curds of milk, and, wonderful to relate, when the milk is stopped this "typical" sign of the disease often disappears too. In the vast majority of cases—I do not say in all—the typhoid stool is a sign of nothing more nor less than the patient's inability to digest milk.

Our own practice at Monsall is, whenever undigested food appears in the stools, to give the patient nothing but water for twenty-four or forty-eight hours, and then to feed him on something he has not had before. In this there are many possibilities; perhaps albumen-water, with or without glucose, is the most useful. Sometimes pounded fish, or boiled bread, or raw eggs, or (very rarely) some patent food, seems to suit the patient best.

Generally, the intestine keeps still, if we take care not to irritate it, but occasionally it is necessary to keep it still with drugs, and here opium, or one of its preparations, is invaluable. As it will often be necessary to give this in very large doses, it is essential, incidentally, that the nurse should know the symptoms of opium poisoning, but I need not dwell on this here.

Given that the patient's food is agreeing with him, we should aim, not at giving him as little as we can, but as much as he can use; in practice, patients who are "fed" (*i.e.*, on something else than milk) during the acute stage, not only are less liable to the complications mentioned in my last article, but their convalescence is much more rapid. It is, of course, not possible to diet all patients on pounded

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