

Clinical Notes on Some Common Ailments.

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ENTERIC FEVER.

In considering the subject of enteric fever, I shall depart somewhat from the description of the disease as it is usually given in the medical text books, and adopt an explanation of its pathology which has been furnished by some recent laboratory work on the subject, and which has also the merit of simplifying very considerably our conception of the nature of the infection. As previously, I shall not give a detailed description of the symptoms of the disease, but shall confine myself to general principles only.

Enteric fever is due to invasion of the body by the bacillus typhosus—to that, and to that alone. An attack *may* be caused by inhaling the air laden with the organisms, but in the vast majority of cases, the germ is swallowed, that is to say, some article of food or drink becomes contaminated with bacilli—always, be it noted, derived from a previous patient suffering from enteric fever—and is unwittingly consumed by the patient.

Epidemics of enteric are usually due to a polluted water supply, that is to say, the excreta from a previous case of the disease find their way into a well, or even, as in the Caterham outbreak, into a reservoir, and very many of the consumers of the water contract the disease. Or the infection may be indirect, as when articles of food are washed with polluted water, and it is in this way that oysters and cockles or mussels give rise to enteric. What then happens is that the shellfish, though they are quite innocuous when they are taken from the deep sea, are laid down to fatten in beds where they become contaminated. Now these beds are very frequently situated at the mouths of rivers, or on the sea shore where there is a tract of shallow water through which the tide ebbs and flows, and it often happens that they are not very far from the mouths of large drain pipes, and in practice the oysters fatten on the sewage thus discharged. For some reason or other, they seem to prefer typhoid bacilli, and these germs grow inside the shellfish, and thus give the disease to anyone who eats them. In the same way watercress is often grown on sewage, and is then apt to infect the consumer of it.

Another way in which food becomes contaminated is by flies, which carry particles of infected matter from the waste matters on which they feed to the food over which they so freely crawl, and recent research has shown

that flies play a very important part in the dissemination of enteric and kindred diseases in this manner. The lesson is obvious; though we cannot avoid polluted water, unless we never drink any that has not been recently boiled, or filtered through a germ-proof filter, it is not essential to our existence that we should consume shellfish, and we can always keep food covered up with covers of wire gauze.

But it is well-known that nurses are very prone to contract enteric fever, and there are now many instances where young and useful lives have been sacrificed in this way, so it is perhaps well that we should investigate this part of the subject rather more closely. Now, while it cannot be denied that it is possible for a nurse to contract the disease by inhaling the breath of her patient, infection by this route must be very rare, and there can be no doubt that a more usual way is for the bacilli to get on to the hands of the nurse and thence to her food. We must take it that whenever a nurse is in constant attendance on a patient suffering from enteric very many germs must reach her hands, however careful she may be, unless rubber gloves are worn—as, in my view, they should be—not only when soiled linen or utensils are being handled, but also whenever the patient's mouth is being cleansed, or any dressing done.

How many times, I wonder, does a nurse go straight from a ward where there is a typhoid patient to the dining-room, after an ordinary washing of the hands, and forthwith begin to eat bread with her fingers while she is waiting for more solid fare? Or again, it may be her "afternoon off" and she changes hurriedly into out-door garb, and puts on a pair of gloves, which are not removed until she reaches the seductive tea shop (the visit to which may be necessitated by the fact that her dinner has been so badly cooked that she has eaten as little of it as possible), when she again manipulates the appetising confectionery with her fingers. As a matter of fact, I once took cultures from the gloves of a nurse in an enteric ward, who was really one of the most careful and conscientious people I have ever met, and grew a very fine selection of typhoid bacilli from them. No nurse who is in attendance on even one typhoid patient ought ever to touch her food with her fingers. Eating bread and butter with a knife and fork may be unconventional, but it is better than contracting an attack of enteric fever.

We now come to the results of swallowing these germs, and here I am going to deviate a little from the text books. We know now that the bacilli get straight into the circulating blood, and we can find them there in almost

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