

## Clinical Notes on Some Common Ailments.

By A. KNYVETT GORDON, M.B., Cantab.

### ENTERIC FEVER.

(Continued.)

Before we come to the treatment of enteric fever, it is well to notice that there are several rather different types of attacks of the disease, or rather that different people react in different ways to the same infection.

For instance, in children the disease is more often than not of a mild type, and the little patients do not feel much, if any, pain, though a moderate amount of abdominal distension is fairly common. In robust athletic adults, the signs of toxæmia are usually very well marked; there is violent delirium, and a high temperature, and the danger lies in the failing of either the heart or lungs from poisoning of the heart muscle, which, if the right side of the heart is attacked, means failure of the pulmonary side of the circulation and death from accumulation of fluid in the bases of the lungs.

In elderly spare men, or prematurely aged women, the toxins seem to prefer the nervous system, and we get constant low muttering delirium and intense prostration, though the temperature is usually not high; the pulse, too, is weak and thready, in contrast to the full bounding artery of the previous type. It is not uncommon in patients of the nervous type for the temperature to persist for several weeks with an entire absence of appetite, though the tongue may be clean and moist.

In patients of any age we may get a predominance of the abdominal symptoms, though, as will be seen later, these are often produced by a faulty dietary. There is then diarrhoea, with abdominal distension, and a danger of the occurrence of hæmorrhage or perforation.

Turning now to the treatment of the disease, the first point to recognise is that we cannot get at the organism itself, and that there is, therefore, no direct treatment possible; obviously we cannot put into the blood any antiseptic in sufficient strength or quantity to kill the organisms or restrain their growth without performing the same kind of offices for the patient's white blood cells, which are the very things that we want to encourage. Neither would it be of much use to disinfect the intestine with the idea of killing the typhoid germs in the ulcers, for, as we have seen, these are of secondary importance. We sometimes, it is true, use antiseptics to stop fermentation in the intestine, but we cannot arrest the disease itself in this way.

We are then left with two essentials, to strengthen the resisting powers of the patient (or, in other words, his white blood cells) and to see that we allow nothing to interfere with the natural tendency to recovery. Also, we may have to treat certain symptoms as they arise.

Now in any battle it is imperative that the soldiers in the fighting line shall be well nourished, and the white blood cells are no exception to the rule, so we get to the first axiom in the treatment of enteric fever, which is to give such food as can be easily digested, and in sufficient quantity to maintain the resistance of the patient at as high a level as possible.

But it will be obvious that we cannot feed the patient in the same way as one who has no ulcers in his intestine, and it consequently became the custom to allow a very wide margin of safety in this respect, and to confine the patient to milk alone for the whole period of his illness, so that we should not run the risk of irritating the ulcers with the indigestible residue which an ordinary diet is apt to contain. Unfortunately, however, very few patients can digest milk, and milk only, for anything like the whole time of their illness, and when we feed patients in this way we get signs of this inability in diarrhoea from irritation of the intestine by undigested, and possibly fermented, milk curds, and in the passage of these same curds in the stools. For a reason which I have never been able to understand the excreta under these conditions came to be described as the typical typhoid stools; that they are not so is shown by the fact that they do not occur in enteric patients who are not taking milk at all, and they may be present in cases of other diseases (scarlet fever for instance) when milk has inadvertently been given to excess.

In practice, therefore, we give such food as the patient can digest, avoiding errors in quantity by keeping him very slightly hungry. Now this is where the nurse comes in; signs of indigestion must be carefully watched for, and it will be convenient if I describe firstly the diet of a typical case, and then the signs which indicate that the food is beginning to disagree.

We must feed the patient, and not his temperature chart, and we do not take the height of his temperature into account in prescribing the dietary, inasmuch as the pyrexia acts (when it does interfere with digestion) by causing other signs which can quite easily be observed.

During the first few days of the attack we limit the diet to milk unless the patient dislikes it, but after the first five or seven days,

[previous page](#)

[next page](#)