

providing that the patient is slightly hungry, and that there is no diarrhoea or abdominal distension, and that the tongue is moist (though coated), we may give him something else from the following list:—Bread and milk, boiled custard, beaten-up eggs, jelly, blanc mange, sponge cake, and tea, coffee, or cocoa thickened with concentrated proteid, such as Plasmon or Sanatogen. Later on, if these agree—and, again, irrespective of the temperature chart—we can in many cases add pounded fish or pounded chicken. Meat extracts and beef tea are best avoided at any stage on account of their tendency to cause diarrhoea. I do not mean to imply that any one of the above foods is necessarily suitable to every patient, and the dieting of each individual is a matter for the careful consideration of the physician, but the nurse can help very materially, not only by noticing signs of dyspepsia as soon as they appear but by presenting each meal to the patient in as palatable a form as possible, for the digestion of any food depends very largely on what the patient thinks of it before he attempts to swallow it.

Many patients have a clean tongue and are hungry throughout the attack, and one very great help is the careful toilette of the mouth, a dry and dirty tongue being more often a consequence of oral sepsis than of enteric fever, and it is essential that the entire mouth and all the teeth shall be carefully swabbed out with the prescribed mouth wash many times a day. Then the nurse must examine every stool for particles of undigested food; if diarrhoea supervenes it is often best to stop all food for twenty-four hours, giving plenty of water or very thin barley water meantime, and at the conclusion of this period to begin with something that he has not had before. Albumen and barley water is often useful in this respect, and may be given until the diarrhoea ceases and the tongue begins to clean and the patient, like Oliver Twist, "asks for more."

Whatever diet be chosen, there can be no doubt that it is an advantage for the patient to drink very freely of water, as much as five or six pints being given in the twenty-four hours; this washes out the toxins from the body through the kidneys.

With this object also in view it used to be the custom to give daily cold baths to almost every patient, but I personally use them only in patients of the robust type, where the pulse is full and bounding, and there is much delirium, as I consider them to be dangerous in cases of the nervous or abdominal types. The frequency with which they can be safely employed varies also very much with the outside

temperature. In summer and in hot climates they are much more useful than in winter.

The duty of the nurse may be summed up in noticing—and reporting at once—the occurrence of loss of appetite, dryness of the tongue, diarrhoea, flatulence, distension of the abdomen, any of which is a note of warning that the dietary is beginning to disagree.

She should also remember that the typhoid toxins have a special effect on the heart, and therefore see that the patient does absolutely nothing for himself—everything must be done for him, so that the heart may have no extra work to do.

Coming now to the treatment of special symptoms, we often find that sleeplessness is troublesome, and, provided that the pulse is good, a cool bath in the evening is usually the most useful measure we can prescribe, but if this is inadmissible, and the pulse is weak, a little alcohol in hot water is often beneficial. Failing this we have recourse to such drugs as sulphonal, trional, paraldehyde, and so on.

Diarrhoea is best treated by dieting in the way I have described, but if it persists we may have to use drugs, and I have often found Izal, given internally in the form of an emulsion, useful. For a reason which I will presently describe, we avoid opium, if possible; but we sometimes have to give it, though the occasions on which this necessity arises decrease with the experience of the physician. Salol is sometimes useful.

For abdominal distension there is nothing equal to the old-fashioned enema containing turpentine, but I have known the application of an ice bag, or even very hot fomentations to the abdomen, succeed when everything else had failed. If opium has been given previously it should be stopped.

In the next paper we will consider the complications of enteric fever.

## Progress of State Registration.

The New Year opens propitiously for the Nurses' Registration Bill, which now has behind it the support of eight influential associations, of medical practitioners and nurses, affiliated together in the Central Committee for the State Registration of Nurses under the leadership of Lord Ampthill. The registration movement during the past year has not been quiescent as anti-registration organs have misinformed their readers, and the union of all the forces in its favour in support of one Bill is one of the most important events in its history.

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