

## SOME POINTS IN THE TREATMENT OF ENTERIC FEVER.

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(Concluded from page 103.)

What, then, is the best thing to do in practice? Obviously to feed the patient on such food as he can digest—to feed the patient, that is to say, and not his temperature chart—and we can usually tell whether he is digesting his food by the state of his tongue, abdomen, and appetite. Obviously, no one would think of giving solid food to a man who had a dry and dirty tongue, a distended abdomen, and who loathed the sight of his meals, but very many patients, even though their temperature may be at 102° or 103°, have moist tongues, and are hungry; moreover, they have no abdominal distension or diarrhoea. Such patients put up a much better fight against the toxins in their system than those who are taking milk only and are not digesting it.

In practice one has a fairly large choice of digestible foods. Boiled bread and milk, custard, thin bread and butter, jelly, and, in some cases, even pounded fish and chicken may usually be given with safety to a typhoid patient in the acute stage.\*

The proof of the pudding is in the eating; in fever hospitals where feeding on selected solid food has been adopted, the mortality has been found to fall markedly when compared with the "nothing but milk" régime. Not only this, but the percentage of such complications as perforation of and hæmorrhage from the intestine, has fallen even more markedly. Moreover, the convalescence is much more rapid, and less likely to be interrupted by complications such as abscesses, which are due to a diminished power of resistance to septic infection.

In addition to supporting the patient's strength by appropriate feeding, we have the necessity for assisting him to get rid of the circulating toxins, and here the best method lies in persuading—I might even say forcing—him to drink large quantities of fluid—such as water or thin barley water. Five pints a day is a suitable amount. This is where the advantage of a skilled nurse comes in. Such a one will often be able to get a patient to take quite large quantities of fluid by sheer skill and tact,

\* Virol is also most useful, as it has a directly stimulating action on the white cells themselves.

and her help is very valuable indeed. In some cases it is an advantage to assist the action of the skin by tepid or cool baths, but it is not, in my opinion, advisable in this country to use cold baths as a matter of routine, though in warmer climates this has been found possible and useful. Moreover, the less moving about a typhoid patient gets, the better.

Finally, there is a most important point, namely, the toilette of the mouth. In enteric fever, the tongue is often dry, and the appetite lost mainly, if not entirely, from oral sepsis, and there is considerable evidence to show that relapses, and "unexplained" rises of temperature in convalescence, are due to infection from the mouth. Now, no nurse can be expected to keep a mouth clean that is full of decayed teeth, so it is necessary to extract these—an operation that can be performed quite painlessly by injecting the gums with a local anæsthetic—before we can hope for success.

This done, the mouth and teeth can be cleaned as often as is found necessary with some such antiseptic as peroxide of hydrogen. Nothing makes more difference to a typhoid patient than the comfort which arises from a clean mouth and teeth.

I cannot conclude without a word of caution to nurses about the risk of contracting the disease themselves. While I do not deny the possibility of this arising from inhaling a patient's breath, there can be no doubt that infection from contaminated food is much the more common.

Wherever possible, the nurse should herself wear rubber gloves on duty, especially when handling vessels containing infected stools or urine, and in addition she should avoid handling her own food with her fingers even some time after she has been in direct contact with a patient. On one occasion a nurse—one of the most careful and aseptic women I have ever worked with—kindly allowed me to take cultures from a pair of gloves which she wore out of doors when off duty, and I had no difficulty in growing typhoid bacilli from them. Had she been in the habit of eating cakes in a tea-shop with her fingers, for instance—and she was much too sensible to do anything of the sort—she might easily have contracted enteric fever. I do not think that anyone who has seen, as I have, young and promising nurses lose their lives from an attack of enteric fever contracted in the course of their work, will regard a word of caution on this point as unnecessary. Moreover, I am told that the wearing of washable—or rather boilable—gloves satisfies even the more rigorous demands of fashion!

[previous page](#)

[next page](#)