

## OUR PRIZE COMPETITION.

### SAY WHAT YOU KNOW ABOUT TYPHUS FEVER, AND HOW IT SHOULD BE NURSED.

We have pleasure in awarding the prize this week to Miss Dorothy Humphreys, St. Bartholomew's Hospital Nurses' Home, Smithfield, E.C.

#### PRIZE PAPER.

In old days, typhoid and typhus, under the name of continuous fever, were treated as identical diseases, but it is now recognized that they are two separate fevers. From its prevalence in dirty and overcrowded prisons typhus was often termed "jail fever."

The incubation period of typhus is from 5 to 14 days, the quarantine 16 days; the crisis occurs about the twelfth day. The onset is rather sudden; the symptoms are severe shivering, high temperature, backache, delirium, dry brown tongue, sordes, and after the fourth or fifth day, a rash resembling measles.

To the inexperienced eye, the symptoms appear almost identical with typhoid. The following are some distinctions:—

#### TYPHOID.

1. Rash. Rounded papulæ of a pinkish colour; disappear after three days, and are succeeded by batches of others for three weeks.
2. The attack of typhoid is more insidious.
3. Complexion flushed, expression anxious.
4. Pulse more fluctuating.
5. The ulceration of Peyer's patches occurs only in typhoid.

#### TYPHUS.

1. The "mulberry" rash of typhus is more flattened and irregular; after third day no fresh spots appear, but changes occur in the rash; it becomes more ill-defined, and sometimes purplish.
2. Typhus occurs more suddenly, and in fatal cases terminates sooner than typhoid.
3. Complexion muddy, expression heavy.
4. Pulse much quicker.
5. The curious state known as coma vigil is peculiar to typhus.

It is also remarkable that rigor mortis ceases much more quickly in typhus than in typhoid subjects. Typhoid subjects also suffer much more commonly from epistaxis and erysipelas.

The most common complications of typhus are bronchitis, pneumonia, and peritonitis.

The nurse must remember that this is a highly infectious fever, and that the risk of contagion is almost greater than in typhoid. All utensils and linen must be kept separate,

and carefully disinfected later. The nurse must disinfect herself after handling the patient, or anything belonging to him, and the utmost precaution must be exercised. The infection is largely spread by pediculi. She must watch for signs of bronchitis and pneumonia, which probably supervene if the temperature is not down by the fifteenth or twentieth day. She must also watch for bed-sores, since incontinence is usual. In some cases there may be retention of urine. The room must be kept well ventilated, and the patient sponged frequently with some disinfectant to suppress the characteristic mousy odour. Fever diet (beef tea, eggs, milk) with plenty of water, should be given until the crisis is past, when chicken, fish, &c., may be ordered. The temperature must be taken four-hourly, and as heart failure is common, collapse must be watched for when the crisis is due.

After recovery, fumigation and disinfection must be thoroughly carried out.

The following may be taken as a typical case:—

8th day.—A was admitted on the 3rd.—For eight days previously he had suffered from headache, rigors, and feverishness.

9th day.—On the 4th (ninth day of disease) had severe headache, but no delirium or flush; face muddy, rather mottled, tongue dry, skin hot, pulse 108, passed five stools. At night became delirious, vomited copious green fluid, pulse 120. Head was shaved, cold applied; effervescing mixture ordered and 4 oz. of wine in the twenty-four hours. No sleep.

10th day.—Next day, slept a little, still delirious. No vomiting.

11th day.—Somnolence commenced.

12th day.—*In statu quo*; pulse 120, weak.

On this day the crisis occurred.

After this pulse fell, till on the twentieth day it was 60. On the eighteenth day rash grew paler, and gradually faded; on the nineteenth day tongue grew moist. Appetite began to return on twenty-first day, when convalescence set in.

Cases of typhus fever are rare in this country, and the above notes are therefore specially interesting.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss J. G. Gilchrist, Miss F. Sheppard, Miss D. Maton, Miss H. M. Springbett, Miss P. Robinson, Miss M. James, Miss A. M. Munday.

#### QUESTION FOR NEXT WEEK.

How should cholera patients be nursed?

*previous page*

*next page*