

THE NURSING CARE OF TYPHUS FEVER.

By MISS J. G. GILCHRIST.

Typhus fever is an eruptive fever in which the nursing care is of the utmost importance. In this disease the rash appears about the fifth day, and is composed of three parts: a series of spots on the skin (resembling typhoid at first), first pinkish in colour, next day purple, then brown; a large number of spots under the skin, which do not disappear on pressure, and give the skin a mottled appearance; small spots resembling fleabites, seen especially in severe cases. The rash may stay out from three to seven days.

The patient should be isolated and nursed in a cool, well-ventilated room or ward, from which all dispensable articles have been removed. A through current of fresh air is a great antidote to the poison given off by the patient's breath and evacuations. The temperature of the room should be kept at 50° F. The patient's body requires frequent sponging with cool water, with a disinfectant added, which helps to dispel the peculiar offensive odour associated with the disease. Pressure sores must be carefully prevented, all points of pressure carefully dried after sponging, and dusted with starch or talcum powder. Retention of urine may occur, and should be watched for and reported to the doctor. Great care must be observed in giving aperients, a very small dose (which should be medically prescribed) being sufficient; a larger dose might bring on diarrhoea impossible to stop, and cause death by exhaustion. The mouth is always very dirty, and sordes are apt to collect on teeth and lips; frequent and careful cleansing is essential. All rags used must be at once destroyed, as the mouth secretion and breath are particularly infective. The eyes require bathing with warm boracic lotion when sore and inflamed, as they are often only partially closed when in an exhausted state. An icebag should be applied continuously to the head to lessen cerebral disturbance, and the patient carefully watched for the onset of delirium, which is nearly always present in some form. Wild delirium may occur in alcoholic cases, the patient frequently dying of exhaustion in a few days. He should never be left alone, and all articles capable of inflicting injury kept out of sight and reach. Sleep is very important, and stupor or prostration noted. The strength must be kept up with milk diet, beef tea, eggs, and plenty of stimulants, especially when nearing the crisis, as there is a tendency to cardiac

failure. Hot-water bottles should always be in readiness in case of collapse. The temperature, pulse, and respiration should be recorded two-hourly.

Respiration is rapid—36-40. The increase may be due to a congestion of the base of the lung by lying constantly on the back. The pulse is at first full and rapid, but in stages of prostration thready and imperceptible. The temperature rises high: 105° for first five days, remaining about 103° for eleven days, when crisis occurs, and the temperature falls. The patient then recovers rapidly if no rise of temperature ensue. In a fatal case the patient dies with a rising temperature about the thirteenth day.

To prevent infection the patient's clothing on entrance, especially if in a verminous condition, should be straightway destroyed, and after convalescence the bedding and body clothing—impregnated as they become with the products of the severe toxæmia, given off by the skin—should be burnt rather than disinfected. The evacuations and urine should be disinfected during nursing with chloride of lime and carbolic acid. Only necessary food should be conveyed to sick room; that unconsumed must be immediately burnt. Flies and insects should be abolished by strict cleanliness and methodical attention to details. Burning pyrethrum powder or a saucer of formalin in the sick room acts as a preventative. No visitors should be allowed in the sick room. All toilet and feeding utensils must be kept solely for patient, and must be scalded and disinfected in an enamel bath after use.

After convalescence the room and its contents, furniture, crevices, and woodwork must be sprayed with a strong solution of formaline, and well scrubbed with soap and very hot water.

The nurse must observe cleanliness and disinfection of person and clothing, removing overall on leaving sick room; she should take daily disinfectant baths if possible, and her clothing must be disinfected at the conclusion of the case.

In the epidemic of typhus in Serbia the transmission of typhus by vermin has been demonstrated. Dr. C. Ussher, of Van, states: "We have proved conclusively in our hospital that the only means of transmission is vermin. Our nurses have been exposed to every other form of contagion: from the breath, desquamation, discharges, constant association day and night, and all this in an over-tired condition. Not one of them has contracted the disease."

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