

OUR PRIZE COMPETITION.

DESCRIBE THE ABDOMINAL COMPLICATIONS OF ENTERIC FEVER, AND GIVE AN ACCOUNT OF THE METHODS OF NURSING EMPLOYED IN THESE.

We have pleasure in awarding the prize this week to Miss Doris Saddington, Western Hospital, Seagrave Road, Fulham, S.W.

PRIZE PAPER.

The abdominal complications of enteric fever may be briefly tabulated as follows:—(1) Obstinate constipation; (2) excessive diarrhoea; (3) tympanites; (4) hæmorrhage from bowel; (5) perforation of bowel; (6) peritonitis; (7) cholecystitis; (8) cystitis; (9) nephritis.

1. *Obstinate Constipation*.—Cause, loss of "tone" of lower bowel, causing (a) bowel to become flaccid and weak; (b) peristaltic movements to be irregular.

Treatment.—Enemata saponis, given at the same hour daily. Aperients, owing to nature of disease, are not advisable.

2. *Excessive Diarrhoea*.—Corresponds to amount of intestinal ulceration; serious drain upon patient's strength.

Treatment.—Nothing but sips of water for twenty-four hours; then albumen-barley water for a day or two before resuming diet. A starch and opium enema will procure rest for bowel and patient. Mixtures containing chalk or bismuth are sometimes ordered, or a Dover's powder.

3. *Tympanites*.—Name applied to drum-like condition of abdomen resulting from distension of bowels with gas. Condition serious; intestinal walls have already become very thin due to ulceration; distension may cause perforation.

Treatment.—Passage of rectal tube will allow the escape of gas. Should this prove insufficient, a turpentine enema may be ordered.

4. *Hæmorrhage from Bowel*.—Cause, ulcer eating into a blood vessel. May be recent when colour is bright, or may have taken place some time previously to evacuation from rectum when colour is "tarry."

Symptoms.—Hæmorrhage in stools is often the first symptom; occasionally, however, a warning is given by a sudden drop in temperature and an anxious expression on patient's face. The fourth week of the disease is the most likely period for this complication to occur.

Treatment.—Nothing but sips of water until a doctor arrives, when he may allow sips of iced milk. Cradle bedclothes, apply ice-bag to abdomen, raise foot of bed upon blocks.

Patient's body must not be raised from bed upon any pretext; an absorbent pad upon an old piece of mackintosh placed under buttocks will replace bed-pan. A large dose of morphia (hypodermically) may be ordered, and will give repose. Stimulants must *never* be given, as they increase the blood pressure.

5. *Perforation of Bowel*.—Due to two causes:—(a) An ulcer eating through peritoneal covering; (b) sudden tympanitis tearing through thinned tissues.

Symptoms.—Abdominal pain, quickened pulse, anxious expression of face, liver dulness, fall of temperature. Sometimes perforation may occur suddenly without any previous symptoms.

Treatment.—Prompt laparotomy and the repair of the perforation in the intestine is the only hope. Peritonitis of a severe type usually follows perforation.

6. *Peritonitis*.—Caused by (a) perforation of bowel; (b) absorption of bacilli from intestine.

Symptoms.—Rigor, intense abdominal pain, increased by movement or pressure; respiration costal, coughing restrained; abdomen distended, tense, tympanitic; pulse rapid, small, and hard; rapid rise of temperature (104° to 105° F.), occasionally no fever; vomiting; urine scanty and high coloured; micturition painful. Patient has wasted appearance, face pinched, eyes sunken and anxious. Liver dulness reduced or obliterated.

Treatment: Internally.—Ice. Saline infusions are often helpful. Calomel (combined with opium) in small doses is sometimes ordered.

Locally.—Turpentine stupes, leeches, ice compresses, ice-bag—possibly laparotomy and drainage.

Feeding by nutrient enemata. Morphine is usually given (hypodermically) to deaden pain.

7. *Cholecystitis*.—Inflammation of gall-bladder. Serious, as several complications are apt to follow, *i.e.*, jaundice, cholangitis, gall-stones.

Cause.—Infection travels up the common bile duct from duodenum to gall bladder, there causing inflammation, catarrh, suppuration.

Symptoms.—Pain and tenderness beneath the margin of ribs (right side), shivering, fever, often delirium; jaundice in twenty-four to forty-eight hours after commencement of pain.

Treatment.—Operation to drain gall bladder of suppurating contents, after which recovery usually follows.

8. *Cystitis*.—Inflammation of bladder.

Cause.—(a) Infection from intestines; (b) general weakening of system.

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