

## OUR PRIZE COMPETITION.

HOW WOULD YOU RECOGNISE PERFORATION IN A CASE OF ENTERIC FEVER? WHAT IMMEDIATE ACTION WOULD YOU TAKE, AND HOW COULD YOU TEMPORARILY RELIEVE THE PATIENT?

We have pleasure in awarding the prize this week to Miss A. M. Douglas, University College Hospital, Gower Street, W. 1.

### PRIZE PAPER.

Perforation may occur during even a slight case of enteric, usually in the third or fourth week. The ulcers in this fever are chiefly situated in the lower part of the ilium, during the third week the sloughs come away, and the ulcer either heals slowly by granulation or perforation occurs. The contents of the intestine then find their way into the peritoneal cavity, and peritonitis quickly sets in.

When perforation occurs, the nurse will notice a quick change in the patient's condition. He may suddenly complain of severe abdominal pain, and the abdomen rapidly becomes distended. The breathing becomes more rapid and shallow owing to the muscles of the chest only being used. The temperature rises, and the pulse rate increases in beat, and is hard and wiry. The face wears an anxious expression, and though he does not move himself about owing to the extreme tenderness of the abdomen, the patient is restless.

The usual symptoms of high fever are present—scanty urine, dirty tongue and throat. Owing to the contents of the bowel being able to pass into the peritoneal cavity there is constipation.

When the physician examines the abdomen he will procure the tympanitis note, and there may be dullness over the spleen and liver.

Unless an operation is performed within twenty-four hours, to suture the perforation, there is really no chance of the patient's recovery. Even when operated on, the patient may not live, owing to the great shock, but at least he has the best chance of life. The sooner the operation be performed, the more favourable the prognosis. No nurse should undertake the nursing of a typhoid case in a private home without having considered the possibility of having to prepare at a few hours' (or less) notice for a surgical operation.

If an operation is not performed, the symptoms of peritonitis continue, and death may take place within from twenty-four hours to five days.

The pain subsides. There is more distention of the abdomen. Hiccough may be troublesome. Faecal vomiting takes place. The temperature falls, the skin becomes clammy, and death takes place from collapse. The patient is quite unconscious up to the end as a rule.

The first duty of the nurse is to send concise particulars to the doctor and to see that they are sent by the quickest method, and that his directions are delivered to her as soon as possible. In the meantime she must reassure her patient, and make him as comfortable as possible. He may lie on his back, and a pillow should be placed under the knees. A hypodermic syringe should be prepared containing morphia, but this cannot be given until directions to do so have been obtained. Preparation must then be made for an operation.

The nurse must procure (1) a suitable table (length six feet by three feet) on which is placed a mackintosh and a sheet; (2) boiling water and cold boiled water in the utensils they were boiled in—these must have lids; (3) clean towels and basins. These should be, if possible, placed in a room next to the patient's, from which all furniture that can be, and hangings, have been removed. Two small tables should be covered with clean towels wrung out in disinfectant. These are for the instruments and for the anaesthetist's requisites. The table should be placed with one end about six feet from the window admitting the most light. The instrument table is placed on the left of this, and the anaesthetist's table at the head on the right. An enamel basin which has been boiled should be within reach of the surgeon, should he require to rinse his hands during the operation.

The nurse must see that there are stimulants at hand, that she has plenty of hot bottles, and a means of raising the foot of the bed, as when the patient is put back he will be suffering from severe shock. The patient lies flat till he recovers consciousness, and is then nursed in the Fowler's position.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Bowen, Miss M. Cullen, Miss Nellie Wood, Miss P. Thompson, Miss J. James, Miss Margaret A. Young.

### QUESTION FOR NEXT WEEK.

What is meant by (a) cross infection, and (b) concurrent double infection? How may cross infection arise? What measures are adopted in hospital for its prevention? Give some examples of concurrent double infection.

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