

patient's hopes of recovery depend largely upon his nurse. A typhoid patient is literally nursed back to life, and no case is so severe that a nurse despairs of its recovery. This is the first important point to be stressed in nursing enteric fever—excellent nursing by a nurse who will pay unremitting attention to her patient's needs.

The other important point is adequate isolation and disinfection. Contagion may be spread by all the patient's excreta and discharges, by bed-linen, toilet utensils, and by the nurse's own hands. With careful attention to such details, there is no reason why such a patient may not be nursed in a general ward of a hospital. Choose a quiet corner or room. It should be warm but well ventilated and cheerful. In a private house, remove all unnecessary furniture, hangings, etc. All the patient's property should be marked and kept separate. The nurse should provide for herself a gown and rubber gloves, and should have a scrubbing-up table arranged with water, soap, nail brush, towel and a mild disinfectant. The hands should be disinfected after each treatment and before her own meals. The nurse should not prepare food for herself nor for other patients.

The patient is nursed in the recumbent position mostly, but this position should be varied by changing him from side to side. This will aid expansion of the lungs and relieve the pressure points. A water bed is needed.

The patient is sponged night and morning. Tepid sponging is best, but soap may be used to keep the skin in good condition. Pressure points are treated strictly four-hourly, and a bed cradle will keep the weight of the bedclothes off the abdomen. Foot-drop should be prevented by propping up the feet with sandbags. Watch the heels.

The mouth requires constant attention. It must be kept moist; glycerine and lemon is useful for this purpose, and in most cases a mouth wash can be given from a spouted feeding cup. Keep any herpes dry with spirit until the scab forms, when a little cold cream can be used. The lips, too, may be smeared with cold cream.

The patient's temperature should be taken four-hourly. Also a chart may be kept of nourishment taken.

The bed-linen should be changed frequently and disinfected before being sent to the laundry. Measure the urine and disinfect it. Laboratory specimens may be required. The stools are carefully observed and the number noted. Each stool is covered with an equal quantity of carbolic—1 in 20—and left for at least an hour before being put down the public drain. All swabs from discharging sores or from the mouth, etc., should be burned.

Complications must be watched for and suspicious signs reported at once. The patient needs careful watching if delirious. He must not be expected to do anything whatever for himself. Special treatments may be ordered, such as the giving of carminative or sedative enemata. These must be given carefully and slowly, using a tube, funnel and catheter.

The diet is of great importance. It is usually a full milk diet, given to maintain the patient's strength. It should be given in two-hourly feeds of about 5 oz. during the day and at night when the patient wakens.

The patient has no appetite and so regular feeding is important. He may never even ask for a drink and should not need to. Feeds should be varied as much as possible. Milk may be diluted with water or barley water flavoured with cocoa or patent foods or made into such dishes as junket and milk jellies.

The stools should be watched for curds, which would show that the patient was not digesting the milk. In such cases it should be diluted or partly digested.

Solid food must not be introduced until the patient's temperature has been normal for several days, as the bowel is still weak and likely to bleed or perforate if irritated. At this stage, too, the patient has a craving for food and may ask his friends to smuggle it in. Relatives should be informed of the grave danger attending such a practice. Diet is increased by giving breadcrumbs boiled in milk, custards, and farinaceous foods, such as arrowroot and cornflour moulds. Then the diet is increased through bread and butter, lightly cooked eggs, steamed fish and chicken, to a light diet.

Convalescence should be gradual and prolonged. More pillows are given and the patient is permitted to do little things for himself. Faintness is common at this stage. Strength must be built up gradually and the weight increased by a light, nourishing diet. Warm clothing must be worn to prevent chill.

Typhoid fever is one of the few diseases where, although the patient is at death's door for days on end, excellent nursing will yet save his life when no other treatment is of any avail.

QUESTION FOR NEXT MONTH.

What do you understand by the toxæmias of pregnancy? How may they arise and what are the principal forms and the nursing care required?

FLORENCE NIGHTINGALE THANKSGIVING DAY.

The following gifts, collected on Thanksgiving Day, have been received in connection with the Florence Nightingale Scholarship awarded by the National Council of Nurses of Great Britain:—

Previously acknowledged	£315	4	4
Glasgow Royal Infirmary Nursing Staff					
(per Miss M. Husband)	20	0	0
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			£335	4	4

OFFICIAL APPEAL FOR CONGRESS FUND.

Already acknowledged	£613	9	0
Queen's Hospital, Birmingham, Nurses					
League (per Miss Bullivant)	15	15	0
St Mary's Hospital Past and Present					
Nurses' League (per Miss Salton)	25	0	0
Miss Dorothy Greig, U.S.A.	2	0	0
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			656	4	0

DONATIONS PROMISED.

Already acknowledged	...	£190	0	0
The College of Nursing	...	100	0	0
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		290	0	0
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		£946	4	0

Contributions to the above Fund gratefully received by Miss M. Breay, Hon. Treasurer N.C.N., 39, Portland Place, London, W.1.

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