

HONOURABLE MENTION.

A short Paper of 530 words, submitted by Miss G. M. Poskitt, S.R.N., M.B.C.N., Matron, Rush Green Emergency Hospital, Romford, Essex, receives Honourable Mention, and we propose to publish it in our next issue, as it is eminently practical.

PRIZE COMPETITION FOR NEXT MONTH.

Describe the value and system of Breast Feeding of Babies.

TYPHUS FEVER: ITS CAUSE AND TREATMENT.

By MISS L. GODDARD, S.R.N.

Formerly, Typhus fever was more prevalent than now, and many died from it, especially among the armies in the field. The losses from it in the armies of Napoleon were enormous. In the year 1813, 25,000 men died of it in six months, and in the spring of 1856, 17,000 of the French Army in the Crimea died in less than three months.

It has been known for centuries, appearing in almost all parts of the world, but chiefly in cold and temperate climates. It is not often met with now, except in some parts of towns where bad ventilation, filth and overcrowding are present, and it is carried by direct contact, fomites, by the head or body louse, or by bugs.

Tramps may convey the disease while they themselves are healthy. In 1817-1819, and again in 1846, Ireland suffered badly from this disease. It also occurs in prisons, ships and camps, hence its various names, such as camp fever, hospital fever, ship fever, jail fever, famine fever and spotted fever.

It is a continued fever and highly contagious, and has caused some of the greatest epidemics in the world.

The fever lasts for about 14 days, the onset being sudden with early prostration, severe nervous symptoms and eruptions of the skin. All ages are liable to suffer from it, but the liability increases with age, and one attack secures immunity from another.

It is probably due to the bacillus *sanguinis typhi*.

Severe cerebro-spinal fever may be mistaken for typhus at first, as they do resemble each other somewhat at the onset.

Symptoms.—(1) Stage of incubation; this varies from two to 12 days.

(2) Invasion: is abrupt, well marked rigors, headache and sleeplessness occur, muscular pain and weakness in back and legs, there is a dusky flushing of the face, pupils are contracted and eyes congested and the expression is heavy and apathetic. Temperature is elevated to 103 deg. to 106 deg. F. between the third and fourth day, and remains at this level for two or three days. The pulse is accelerated 100 to 120 or more, full rapid and sometimes dicrotic, becoming at the end of seven days feeble and more rapid. The tongue is first coated with a white fur, becoming dark brown and dry, the teeth covered with sordes and the breath has an odour which is offensive and mouse-like. The appetite goes, vomiting sometimes occurs, and there is intense thirst. Fæces are passed involuntarily and there may be retention of urine.

(3) Eruption: This shows itself in five to six days, or, in some cases, later; it consists of red, ill-defined

spots or blotches, which are slightly raised, hence the name spotted fever. The spots first show themselves on the abdomen, sides, back, forearm and the back of the hand, and sometimes on the face. They disappear on pressure; in some cases there is a mottling appearance on the skin, or it may assume a hæmorrhagic character, which does not disappear on pressure or after death. As the eruption starts to show itself the patient feels better; but there is a tendency at this time for the patient to pass from a state of active and noisy delirium, becoming almost maniacal, to a state of low muttering delirium, or, in some cases, to nearly complete coma, called coma vigil, which, occurring at this stage, in the second week of the illness, is not a good sign.

(4) Crisis: This occurs about the end of the second or beginning of the third week. There is profuse perspiration, a critical diarrhoea, and the temperature either rises, and within a few hours coma deepens and death occurs, or the temperature falls, the pulse becoming stronger and the tongue moist, and the appetite returns.

(5) Convalescence: is usually rapid.

(6) Complications: Bronchitis, pneumonia, bedsores, gangrene of the extremities, suppuration of the glands and joints, and neuralgia.

(7) Treatment: Isolation, open air, thorough ventilation by keeping the patient in a light airy room, and all noise avoided as much as possible. Good nursing is essential; plenty of liquid diet, such as milk, broths, etc.; the mouth must be kept clean. Stimulants may be given, especially at the time of crisis, according to the condition of the pulse.

Cold compresses can be applied to the head to relieve headache, or morphia and bromides may be ordered for the delirium.

On recovery and before discharge all clothing should be burnt, and several disinfectant baths given to the patient before being allowed to mix with other people.

Period of isolation: Five weeks from the commencement of the illness. Period of quarantine: 14 days.

At one time Typhoid fever was not distinguished from Typhus fever. It was first accurately diagnosed in 1836 by a Doctor Gerhard, of Philadelphia, and in 1840 the difference was pointed out by a Doctor A. P. Stewart, of Glasgow; but little attention was paid till 1848-1850, when Doctor Jenner, of the London Fever Hospital, published two papers on "The Identity or Non-Identity of Typhus and Typhoid Fever" and "Diseases Commonly Confounded under the Terms 'Continued Fevers,'" which showed that Typhus and Typhoid fevers differ.

The difference of Typhus from Typhoid is, that in Typhus the onset is sudden, fever high and continuous and the rash conspicuous, nervous symptoms well marked, and Vidal's reaction is negative. Also, Typhoid is very rarely seen in persons more than 50 years of age, the tongue is red at the tip and edges, whitish fur in the middle only, which later becomes brown or glazed looking. The rash consists of small isolated spots, round in shape, bright pink or rose colour, coming out in crops. The abdomen is distended and gurgling sounds may be heard in the abdomen, a condition which is rarely met with in Typhus.

Typhoid, although contagious, is infinitely less so than Typhus.

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