

as indicated by the sharp cry after coughing, and the indisposition of the child to movement. When the patient is perfectly quiet and not breathing deeply nor coughing, the inflamed pleura is not necessarily painful; but when from coughing or change of position, or a deep inspiration, the inflamed surface is made to impinge against the chest-wall a sharp pain is at once elicited.

If the ear be placed close to the chest at this time—that is, during the first week of the malady—it will be noticed that there is no normal vesicular murmur. Every nurse ought to be familiar with this sound occasioned by the entrance of air into the lungs, and the consequent expansion of the air-spaces and tubes. Listen to the breathing of any person in health and note the sound.

Absence of this vesicular murmur shows that no air is entering the portion of lung so affected. This of itself does not, however, constitute sufficient proof that pneumonia is present, for there may be only a pleurisy with effusion, the lung being so compressed by the liquid in the pleural cavity, that air cannot enter the air-cells. How, then, may we determine whether the case is one of pneumonia, or of pleurisy, or pleuro-pneumonia, the latter being the name given to a simultaneous inflammation of both pleura and lungs? In answer to this query it may be said that it is not the province of the nurse to differentiate such fine points of pathology. It is enough that she should know that when no vesicular murmur is heard there is something the matter sufficiently important to demand the attention of a skilled physician. It may be added, however, that continued high temperature is one of the distinguishing characteristics of pneumonia.

When the exudate contained in the air-cells begins to soften, the cough is more constant, and is accompanied by expectoration of the products of inflammation. The sputum is at first frothy and thin, but later becomes thicker and presents a yellowish tinge.

The temperature in croupous pneumonia often runs up to 104° or 105°, but in mild cases, when only one lobe is involved, it may not reach a higher point than 102°.

The pulse is so rapid in severe cases that it is sometimes impossible to count it. A very rapid pulse indicates danger, because death usually comes from asthenia, and the heart is the first organ to succumb. When the heart beats vigorously and not unreasonably rapidly the prognosis is favourable. Cold extremities, with a pulse growing feebler and more rapid, indicate approaching dissolution.

*Treatment.*—If seen in its incipency, croupous

pneumonia may be greatly modified in its severity, if not absolutely aborted. Cardiac sedatives, diaphoretics, and even emetics are indicated; but after the stage of congestion has passed the treatment should be less revulsive.

The patient should be under most favourable hygienic conditions. Good nursing is an important factor. The child must be furnished with liquid and easily digested food, and as anorexia is always present, no little tact and skill are required to keep the system supplied with nutritious food. Milk, custards, meat broths, jellies, gruels, egg-nogg, &c., should appear in the daily menu. Give plenty of water: never withhold cold water from a feverish patient. During the first two or three days of the attack the appetite will be so utterly annihilated that the patient may even loathe food. In such a case one need not be over-anxious about the feeding. When the nervous system is contending with such a serious disturbance as an acute inflammation of a lung, it can give little attention to digesting and assimilating food, and it is better, for a few days at least, to administer food very sparingly.

See that the air in the room is as rich in oxygen as possible. In other words see that outside air is frequently and freely admitted, under proper restrictions, and prevent, as far as possible, its vitiation by sympathising neighbours. All diseases of the lungs require a warm atmosphere.

The eliminative functions of the skin, kidneys, and bowels should be carefully supervised. A case is apt to progress unfavourably if the skin does not act well, and the bowels are allowed to remain constipated. The child should have a warm sponge bath in a warm room every day, and during the operation all draughts must be carefully excluded.

The kidneys require less attention because, in such cases, they usually do their work well. It is wise, however, to make a chemical examination of the urine to exclude nephritis.

Local applications are highly useful. They should be in the form of very light poultices or fomentations or stimulating liniments. The cotton jacket also does good service. Mild counter-irritation is useful, but blistering is never justifiable in young children.

The child should be turned from side to side, and from side to back every hour or two, as this favours resolution, and prevents extension of the disease.

Alcoholic stimulants in small and frequently repeated doses are almost always needed after the first three days, but in this matter as in the administration of medicines, &c., the nurse will be guided by the directions of the attending physician.

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