

The Nursing of Children's Diseases.

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LECTURE I.

INFANTILE DISEASES.

THE nurse of a sick child will recognise that one of her first duties to her charge is kindness; by which is not meant over-indulgence, but a kindness of heart blended with the amount of firmness requisite to make the child moderately tractable. The nurse has to do many things which the child dislikes, and which it does not understand, but if such treatment is kindly administered most children will without undue coercion submit to it. Another most important duty of a nurse is watchfulness. In the case of a sick child, the observance of minute details is often of the greatest importance, both as regards the duties of the nurse and the treatment of the doctor, who relies, in part at least, on the nurse's statements of what has happened in his absence. Another most useful quality in a nurse is readiness in emergency, and this readiness can only be attained by knowledge and experience. It may make all the difference between life and death when the symptoms are urgent, and the doctor not at hand.

The first duty of the nurse of a sick child is to fulfil accurately the instructions of the medical man in every respect; the medicines must be given exactly at the stated times; the meals must be carefully supervised, and the quantity the child consumes noted in the nurse's case book which should also contain an accurate record of the state of the patient as regards temperature, pulse, bowels and any symptoms which arise.

The examination of the pulse of a child requires some practice, and special attention should be paid to the following points—frequency per minute, size of the beat, the regularity of the rhythm; and only continuous practice will render a nurse competent to note these various conditions. The pulse may be examined at the wrist, but it is often difficult to do so, as the child may object to its hand being held sufficiently long; in such a case, the pulse in the temporal artery, just in front of the ear, may be easier to count.

The temperature of the child may have to be taken morning and night, or in some illnesses every four hours. If the child is old enough to understand directions the best place to take the temperature is in the mouth; the bulb should be placed beneath the tongue and the lips closed, for a time varying with the kind of thermometer—some registering in 30 seconds, others requiring from 2 to 5 minutes. If the child be too young to retain the thermometer in the mouth and keep the lips closed for the required time, the thermometer must be placed in the axilla, this first having been thoroughly dried beforehand, the instrument in this case having to be held in position by the nurse and the child's arm pressed to the side for at least 10 minutes before the temperature is read off. If more accurate results are required, the instrument may be placed in the rectum. The respiration of a child is counted by noticing the movements of its chest or abdomen for at least a minute, and its character, whether deep or shallow, or irregular, should be noted.

The first period of childhood—usually termed infancy—includes the first seven or eight months of life, before the eruption of the temporary teeth, and during which the child may be nourished at the breast.

At the end of the first month of life, when the child leaves the maternity nurse, its weight should be between 8lbs. and 8½lbs. It should sleep quietly throughout the day and night, waking up every two hours for food, the taking of which should occupy about a quarter of an hour, after which the child should again sleep till the next feed-time. The pulse should be about 120 a minute, and the breathing about 40. The child should have one or two motions daily, of a golden yellow colour, soft in consistency, and without any offensive odour.

The urine, which is passed 10 or 12 times daily, is clear, of specific gravity 1012 to 1015, it is more acid than that of the adult, and contains relatively more urea, being about four-and-a-half grains per day for each pound of body weight. The capacity of an infant's stomach when a month old is 3 or 4 ounces, so not more than this amount of food should be given. Its muscular coat is not well developed, hence the tendency to accumulation of gases in the stomach and bowels; and the sphincter closing the oesophageal opening is weaker and hence regurgitation of food (so called possetting) is common. When milk is swallowed, it forms curds in the stomach, which may be partly

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