

The Nursing of Children's Diseases.

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LECTURE IV.

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FEVERS.

The usual temperature of the body is 98.4 degrees Fahrenheit, when the temperature rises above this there is said to be fever.

Moderate fever ranges from 99 degrees F. to 102.5 degrees F.

Severe fever ranges from 102 degrees F. to 105 degrees F.

Hyperpyrexia denotes a temperature over 105 degrees F.

As a rule the evening temperature is a little higher than the normal, when this difference does not exceed $1\frac{1}{2}$ degrees the fever is called *continuous*. When the daily variation exceeds $1\frac{1}{2}$ degrees, but the temperature is always above normal, the fever is called *remittent*; and when the daily variation exceeds a degree and a half and each day the lowest temperature is at or below normal, the fever is called *intermittent*.

Continuous fever is seen in Acute-Pneumonia, the second week of Typhoid fever, &c. Remittent fever is seen during the first and third weeks of Typhoid fever, and intermittent fever is often seen in Phthisis.

Fever may be due to many causes. (1) Infectious diseases such as measles, scarlet fever, &c. (2). Local inflammations, such as abscesses, &c. (3). Disturbances of the nervous system.

Infectious fevers are due to the entrance into the body of micro-organisms or bacteria which multiply in the blood and tissues and produce bodies called toxins, which act upon the tissues, especially of the nervous system, producing fever and other symptoms. Fever always causes wasting, due to the burning away of the tissues; and to supply the oxygen necessary for this increased combustion the breathing is hurried and the circulation more rapid than in health; so it is necessary that a child with fever should have plenty of nourishing food in an easily digestible form to counteract this excessive waste of tissue. In fever there is a diminution in the secretions and excretions; for instance, the skin is hot and dry as a rule, the cheeks and lips flushed,

the mouth is dry and the tongue dry and furred, the appetite diminished and the digestive power impaired, the bowels are usually constipated, the urine scanty, high coloured with a red deposit of urates on cooling and there may be in it a small quantity of albumen. The heart's action is quickened, the pulse at first full and bounding, later it may become soft and small. There is often headache and drowsiness, and possibly delirium, especially at night. The skin and muscles are often tender to the touch.

If fever is prolonged it becomes dangerous to the patient, quite apart from the cause; hyperpyrexia is always dangerous. In fever at or above 103° the patient should be occasionally sponged with cold or tepid water, taking the temperature before and after. This both reduces the temperature and makes the patient feel much more comfortable.

If the temperature rise over 105° a cold pack may be tried. This is done by placing the patient perfectly unclothed on a mattress on which a small pillow has been placed for the head. The mattress should be covered by two blankets, over which has been placed a sheet wrung out as dry as possible with cold water. The sheet and blankets may then be folded over and round the patient, including the body and limbs. The child is then completely enveloped with the exception of the head. Four or five blankets may be placed over the sheet. The patient may remain in the pack a quarter to half an hour, or even longer.

Another good method of reducing temperature is by placing one or more towels wrung out of cold or iced water placed on the patient's chest and abdomen, and renewed when they become too warm, and at the same time sponging with iced water the arms, legs, and face.

A cold bath is given when the temperature is very high and usually as follows. A bath sufficiently large to hold the child is taken and filled with tepid water at about 95° F, this may be rapidly cooled down to about 60° F. by addition of ice or ice water. The temperature of the child should be taken every few minutes while the patient is in the bath and as soon as it falls to 103° F. the child should be at once removed from the bath, and placed in bed between blankets. The temperature always falls two or three degrees after the child is removed from the bath and it is desirable it should not fall too low. Every precaution should be taken, the pulse should be carefully

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