

The Nursing of Children's Diseases.

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LECTURE IV.

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FEVERS.

When the patient is convalescent, before mixing with other people, both the child and the nurse must undergo thorough disinfection both of person and clothes.

They should have carbolic baths of the strength of one part to sixty of water, and the hair should be most carefully washed and disinfected.

The length of time necessary before the patient is allowed to mix with other persons varies in different fevers, but in spite of all precautions it is well-known that the poison of certain fevers, such as scarlet fever, clings with extraordinary tenacity, and may remain in the patient's throat and nose long after he is apparently well; so that if he mixes with other persons he may infect them.

After an infectious illness the patient's room should be thoroughly disinfected. All apertures such as the chimney, windows, etc., should be carefully closed, and the window frames made air-tight by pasting strips of paper round the frames. When all is ready one and a half pounds of sulphur for each 1,000 cubic feet of the room should be put into an iron vessel placed over a dish of water. The sulphur is lighted and the door closed and sealed up with paper round the edges and over the keyhole, the room being kept closed for twenty-four hours. It is then opened and ventilated thoroughly by opening the windows, chimney, and doors. The floor should then be washed thoroughly with chloride of lime (a pound to two gallons of water), and afterwards mopped over thoroughly with perchloride of mercury one in five hundred, special attention being paid to any cracks between the boards, etc. The walls should be scraped, washed with perchloride of mercury and re-papered, and the ceiling scraped and re-whitewashed. All paints and furniture should be well washed and scrubbed with the perchloride of mercury solution. The clothes and sheets should be removed from the room, and soaked in perchloride of mercury solution for some hours before being washed. The bedding should be sent away to be disinfected by steam, which is more efficacious than dry heat, as it penetrates better.

If there are other children in the house who have not had the illness the patient is suffering from, they must, of course, not attend school or mix with other children. If they remain at home they run a risk of catching the illness; but this is preferable to sending them away to some lodging or amongst strangers, for they may be sickening for the disease, which they may have to endure without the care and comforts of home, and they may become the source of an outbreak elsewhere.

THE NURSING OF SPECIAL FEVERS.

SCARLET FEVER and scarlatina are the same disease, and not different affections, as is often supposed. It is an epidemic disease, children between the ages of four and seven being the most susceptible to it. It is communicated from other cases by the exhalations and secretions, and also by the scales of the skin which are shed after the attack. The germs retain their vitality for long periods, and may be conveyed by clothes or furniture, and by infected milk.

The symptoms begin two to five days after the entrance of the virus into the system. At first there is shivering, and, perhaps, a rigor, with loss of appetite, sickness, severe headache, and sore throat. The pulse becomes extremely rapid. During the second day the rash appears on the chest and the flexor surfaces of the arms and the front of the thighs. The rash is very fine, raised, red points surrounded by reddened skin patches which run together, and finally give the patient the appearance of a boiled lobster as the rash spreads over the whole body. The rash then gradually fades, and disappears by the end of the week, and then follows the peeling of the skin, called "desquamation." The fever and other symptoms usually last about a week, after which the "peeling" stage occurs, but during the whole of the following month at least the greatest care must be taken of the child, in order to avert certain complications.

One of the earliest dangers of scarlet fever is that the patient may die from the severity of the poison, and death in these cases may be very rapid, even occurring within twenty-four hours after the first symptoms. The nurse should always notice if the child puts his hand frequently to one or other side of the head, as the inflammation of the throat may spread through the Eustachian tube to the middle ear, causing great pain. Discharge through the external ear usually follows, and this trouble, if not carefully attended to, may become chronic,

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