

The Nursing of Children's Diseases.

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LECTURE V.

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THE RESPIRATORY SYSTEM.

Hæmoptysis, or blood spitting, is not so common in children as in adults, but it may occur in various diseases of the lungs or heart. If the amount lost be small there is no necessity for any special treatment beyond rest in bed, but if the quantity brought up be greater the child must be kept perfectly quiet in body and mind; it is better to prop it up by pillows and to quieten the patient if alarmed by the sight of the blood. Ice may be placed on the chest in a bag or bladder and some turpentine poured on an handkerchief and placed over the nose and mouth so that the vapour is inhaled. On no account should alcohol or other stimulants be given, as they excite the heart and tend to increase the bleeding. The doctor should, of course, be sent for at once and any further treatment he suggests carried out.

Catarrhal Laryngitis is an inflammation of the lining membrane of the larynx and is very common in children as an extension of a "cold" or from exposure to cold winds, etc. There is slight fever, cough which is often of a "croupy" or brassy character and hoarseness; later the breathing may be stridulous or hissing and this is a sign of decided danger as it indicates such swelling of the larynx as to cause more or less obstruction to the entrance of air, and if not properly attended to the child may die of asphyxia.

The child should be kept to one room at an even temperature of 60° to 65° Fah. and if the symptoms are at all severe, to its cot, round which a tent should be rigged up. The steam from a bronchitis kettle is very useful in these cases, and a couple of teaspoonfuls of tinct. benzoini co. may be added to the hot water in the kettle. The temperature within the tent must not be allowed to get too high as is often the case; it should never exceed 70 degrees Fah. Hot sponges or spongiopiline wrung out of hot water and placed over the larynx is often useful, and in the early stages an emetic sometimes does good. The food should always be given warm. The nurse

must carefully watch the breathing, and if there be any increase in the stridor or in the dyspnoea, should at once send for the doctor in attendance, as it may be necessary to perform intubation of the larynx, that is, to insert a tube between the vocal chords in order to keep the passage open or to perform trachæotomy. Besides the stridor and dyspnoea signs of urgent danger are great apathy of the child almost complete absence of the voice or cry, blueness of the extremities, ears, lips, etc. or pallor of the face. Also the nurse should notice occasionally whether during inspiration there is much sucking in of the lower ribs or intercostal spaces as this is a sign that the entry of air is deficient and that the obstruction is severe. In all such cases the doctor should be sent for at once.

Chronic Laryngitis causes some hoarseness of voice and cough, it is often seen in children who have suffered from the acute disease, or who have enlarged tonsils or adenoid growths; some cases are due to congenital syphilis. In such cases the child should be carefully guarded against changes of temperature both day and night as acute swelling of the larynx may come on and cause dangerous symptoms.

Bronchitis is a catarrhal inflammation of the bronchial tubes, leading to swelling and discharge of mucus or pus.

It is strongly predisposed to by rickets, and some children appear to be especially liable to it. It begins often by a "cold" in the nose, which extends downwards. The symptoms may be very slight—cough, wheezing, very slight fever, etc., or they may be severe, with much dyspnoea, working of the cartilages of the nose, etc. Children under five years rarely expectorate, mucus is coughed up, but they have not the sense to spit it out. In most cases bronchitis lasts a week or so. Many complications may occur (1) Emphysema and bronchiectasis. Emphysema is a permanent over-dilation of the air vesicles with atrophy of their walls, and may be caused by repeated attacks of bronchitis. It is due to frequent over-distension of the air vessels by coughing. It interferes with the circulation of blood through the lungs, and unfortunately when once set up the condition is permanent. Bronchiectasis is a dilation of the bronchial tubes produced by the same cause as emphysema, and assisted by the weakness of the bronchial tubes caused by bronchitis. (2) Collapse of lung may occur

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