

The Nursing of Children's Diseases.

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LECTURE V.

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THE RESPIRATORY SYSTEM.

Broncho-pneumonia or catarrhal pneumonia is a disease of young children predisposed to by rickets or general debility, bad air or mal-hygiene generally. It is a disease of the lungs in which there are scattered patches of solid lung due to the accumulation of mucus and inflammatory products in the air-vesicles, these parts of the lung are therefore useless for respiration and there is also usually general bronchitis throughout both lungs.

It may arise during an attack of acute bronchitis or some fever as measles, whooping cough, influenza, diphtheria, etc. The child has usually high fever at night with morning remissions of several degrees, so the fever is of the remittent type, with this there is hurried breathing, frequent cough, hot and dry skin. If the child is feeble, or the amount of lung affected large, the respirations may be increased to 40 or 50 a minute with much distress and working of the *alæ nasi*; the child looks ill and exhausted and the pulse may be very small and weak. The temperature is not much guide to the severity of the disease, the rate of breathing and character of pulse with the amount of general distress indicate better the danger of the patient. There may be diarrhoea and sometimes convulsions. The disease lasts from one to three or four weeks as a rule, and the patient may die in any stage; occasionally it becomes chronic, throwing out of use one or more portions of the lung either permanently or temporarily.

These cases call for very careful and constant nursing. The child must be, of course, kept to bed and protected from draughts &c. Some doctors use the bronchitis kettle and tent, but the former is not so frequently employed as formerly. Hot poultices or spongiopiline are very useful, and if these are not used, a cottonwool jacket made of gamgee tissue is desirable. Leeching over the affected areas of the chest is a most valuable remedy, relieving pain and dyspnoea and occasionally, no doubt,

helping to lessen the inflammatory condition of lung.

The treatment generally resembles that of bronchitis, but there is more likely to be need for exhibition of stimulants than in that disease, also sometimes the fever becomes dangerously high, viz., over 104° F. or 105° F., and then wet packs and tepid or iced sponging may be necessary. The signs of danger are those of oncoming asphyxia, such as rapid breathing, blueness, and very small and frequent pulse; if such symptoms occur stimulants are useful and oxygen inhalations may be given every hour for ten minutes or so.

Acute Pneumonia, lobar or croupous pneumonia is common in children over three years old, it is due to a special organism attacking the lung and found in the sputum.

More or less of a lobe of the lung is solid on account of inflammation, the products of which block up the air vesicles and so interfere with the aeration of the blood. The other symptoms are due to the poison in the blood. The disease begins suddenly with a shiver or sometimes a convulsion, and high fever is present from the first; the temperature is continual—that is, does not vary to any great extent—while it lasts, which may be a few days to a week or so, after which it suddenly drops to normal. The pulse is rapid, and specially so is the breathing. The normal ratio of pulse to respiration being about four to one may be changed till it is three or even two to one. There may be delirium. The skin is dry and hot, and a rash called herpes often appears on the upper lip. There is frequent cough, and if any sputum be obtained it is often rusty coloured from altered blood. The child looks ill, but rarely so much so as in broncho-pneumonia, and the weakness is usually less extreme. The disease lasts some days, frequently a week, and if complications are not present the child's convalescence is rapid. The complications to be watched for and guarded against are hyperpyrexia, pleurisy, and pericarditis.

In an uncomplicated case of pneumonia the nursing is very simple. The child must be kept in bed on fever diet, and it is well to wrap the chest in a jacket made of gamgee tissue. If there be much pain it may be relieved by poultices or hot flannels applied to the chest. If the temperature exceed 103° or 104° Fah., it may be kept down by cold sponging or packing, and an icebag to the head will control delirium.

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