

Alcohol will be rarely necessary. In severe pneumonia, or where both lungs are affected, the heart may be much weakened and the pulse fail, in such cases the child may get very blue and semi-conscious, then the strychnine and digitalis given every hour or two, and occasional oxygen administration may greatly improve the condition, the blueness lessening, and the child becoming conscious. A few leeches are also often useful.

Pleurisy is an inflammation of the membrane covering the lung and lining the chest wall. It begins with short cough, fever and acute stabbing pain in the chest on coughing or breathing deeply. In some cases this is all, but in others fluid may be poured out and, in proportion to its amount, compress the lung and cause its collapse. Under favourable conditions this fluid may soon be absorbed and the child recover; in other cases the inflammation is so intense that pus is formed and what is called an *Empyema* results. This, of course, will not be absorbed and must be removed artificially. In children suffering from empyemata the fever and most other symptoms may abate and the child be apparently better while the pus still remains in the chest, but they never recover health and remain wasted and cachectic, and, if not properly attended to, will certainly die.

In the early stages of pleurisy if the pain be severe the chest may be strapped with belladonna plaster. Strips should be cut from one to two inches wide, according to the age of the child, long enough to reach rather more than half-way round the chest; they should be put on tightly round the affected side following the direction of the ribs while the chest is as far as possible in the expiration. The strips should begin below, the upper ones overlapping the lower. If the pain be still severe the nurse may be ordered to place one or two leeches over the spot and perhaps afterwards to apply an icebag.

When the fluid appears the pain ceases, as the two inflamed surfaces of the pleura are no longer in contact and the patient will probably prefer to lie on the side of the effusion. If the fluid does not soon go down it is probable that the doctor will tap the chest with an aspirator and draw off the fluid, the nurse should then be at hand with stimulants as the child may faint when the fluid is being removed and such cases have occasionally ended fatally. Sometimes the physician may wish to explore with an

exploring syringe in order to know whether the fluid is pus or serum. It is the nurse's duty to see that the syringe is in working order with a good vacuum obtainable, that the needle is not blocked, and that it has been thoroughly sterilized by boiling before it is placed in carbolic solution.

Before puncturing a chest the skin should be well scrubbed with soap and water and afterwards with perchloride of mercury or carbolic solution and the nurse should have at hand a pad of gauze or lint to place over the puncture directly the needle is withdrawn and collodion to seal it well down, after which it is as well to bandage the chest with an ordinary roller bandage. The general treatment of these cases is that of any ordinary febrile illness, rest in bed, light nourishing diet, etc.

In cases of empyema it is most probable that a surgeon will be called in to make an opening into the chest by removing portions of one or more ribs to allow a free exit for the pus and consequent healing.

It may be mentioned that many cases of pleurisy are really tubercular and hence the greatest care should be exercised during convalescence in the way of thorough hygiene and good feeding, &c.

(To be continued.)

Medical Matters.

POST-PARTUM HÆMORRHAGE.

Dr. Byers divides the causes of post-partum hæmorrhage into two groups: (1) Uterine atony; the bleeding in these cases arising from the uncompressed vessels in the placental area. (2) Wounds of any part of the parturient canal, without necessary uterine inertia. By far the most numerous cases belong to the first group. In the majority of cases, post-partum hæmorrhage sets in without warning, though some things may put the physician on his guard; e.g., hæmorrhage at previous confinements, rapidly succeeding pregnancies, the combination of want of exercise, and the consumption of too much food and stimulant, elderly primipara, etc. Chloroform does not promote post-partum hæmorrhage if care is taken not to deliver too rapidly. The two measures for the prevention of post-partum hæmorrhage are the proper



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