

The Nursing of Children's Diseases.

By J. PORTER PARKINSON, M.D., M.R.C.P.,
*Physician to the North-Eastern Hospital for Children;
and to the London Temperance Hospital, etc.*

(Continued from page 144.)

LECTURE X.

Retention of Urine.—This is when the urine is retained in the bladder instead of being passed. The bladder becomes more and more disturbed, till its muscular wall becomes almost paralysed, and it will be long before it resumes its normal functions if the condition be not early relieved. If the nurse discovers that a child has not passed water for some time it should be encouraged to do so, and the nurse should, if possible, discover whether the retention is not voluntary, as it may be if the passage of urine be attended with pain from any cause; she should also make sure that no thread has been tied round the penis. In some cases the cause is a stone in the bladder, or impacted in the urethra, which will, of course, be found by the medical man, who should be called in if any length of time passes without relief.

Suppression of urine means that urine is not secreted by the kidneys, and it may be complete or partial: that is, only very small quantities are passed. Suppression of urine may occur in the course of acute or chronic nephritis, especially when scarlet fever or diphtheria is the cause, and the amount of urine is much lessened when there is any drain of fluid from the body as in persistent vomiting or severe watery diarrhoea.

If there be any tendency to suppression of urine in the course of kidney disease, purging must be free, a little compound powder of jalap being the most usual purgative given, because its action is to produce a very liquid stool, the child must be encouraged to drink very freely of whey or milk and water, or barley water. It must be wrapped in blankets wrung out of hot water, or hot vapour baths may be given, the object of these being to encourage free perspiration and to draw away the blood from the kidneys, and so relieve their congestion. The physician may order a small dose of pilocarpin, to be injected subcutaneously, with the object of increasing the action of the skin; if this be given the nurse must carefully watch the pulse, as the drug is liable to depress the heart.

Hot poultices to the loins are often useful, and some recommend dry-cupping in this situation. If ordinary cupping glasses are not at hand a thickish claret glass or small tumbler with a roundish edge may be used, in it must be placed a small piece of blotting paper sprinkled with methylated spirit, which is lighted, after which the glass is suddenly inverted and placed over the kidney. The skin and tissues will be sucked into the glass by the vacuum produced, carrying with them a considerable amount of blood, and so relieving the kidneys. I have frequently used this method with great success in cases of partial suppression of urine.

(To be continued.)

The After-Care of Abdominal Operations.

By BEDFORD FENWICK, M.D.,
Physician to The Hospital for Women, Soho Square.

There are various points in the preparation of patients for abdominal operations, and in their subsequent care, upon which nurses frequently ask for information.

THE PREPARATION OF THE PATIENT.

It is always an advantage, if it be possible, for two or three days before the operation is performed, to keep the patient more or less at rest, and under such a dietary that the intestines may be prepared for the opening of the abdominal cavity. Nothing is more disturbing to the operator, or causes more delay in an operation, than to find the intestines distended and full when the abdomen is opened, whatever the nature of the operation may be; and this is well illustrated by the difficulties of operation in cases of obstruction of the bowels. The patient then should be, if possible, restricted to a diet of milk, strong beef tea, essences, or jellies. Each night a brisk aperient should be given, followed the next morning by a large rectal enema. The night before the operation, the aperient is essential, and the nurse should repeat the enema in the morning, if there be any indication that the large intestine is not thoroughly cleared. On the day of operation it is well that the patient should have as little food as possible, partly in order to prevent any accumulation in the intestines, but partly also to prevent sickness during the operation from the effects of the anaesthetic. In the case of women, a large vaginal injector

[previous page](#)

[next page](#)