

The Management of the Fever of Pneumonia.

A VERY useful and practical debate on this subject has recently been held in the Section of Pediatrics of the New York Academy of Medicine.

Dr. Chapin thinks that in the management of hyperpyrexia the first point is to avoid any measures that will secondarily have a bad effect, and thus hinder future chances of recovery. All depressing remedies come under this head, as, for example, most of the coal-tar derivatives. The only exception to this rule is the occasional administration of small doses of phenacetine in sthenic cases where there is pain and nervous restlessness. Cardiac stimulants, such as caffeine or camphor, are always added. When very high temperature keeps recurring, however, this remedy is not to be continued. Antipyrin, and especially acetanilid, should not be given under any circumstances. It is sometimes a great temptation to give these preparations, as they are easily taken and usually have a prompt if only temporary effect.

The application of water is, on the whole, the safest and most satisfactory method of controlling dangerous hyperpyrexia. Much may be accomplished by a thorough application of cold to the head. This not only reduces the temperature, but relieves to a certain extent its deleterious effect on the brain and nervous system. In order to be effectual the cold to the head must be thoroughly and continuously applied. The ordinary method of applying cool cloths is not sufficient. Finely cracked ice placed in bladders, from which the surplus air is expelled, may be moulded around the head, especially at the vertex and occiput. Dr. Chapin has found ice poultices, made by mixing finely cracked ice with flaxseed meal in oiled silk, placed around and on top of the head, to be most valuable. By this means a steady application of cold can be conveniently applied. If this is not accomplished, the next resource is the application of compresses directly to the chest.

The child is stripped, wrapped in a blanket, and placed upon a table. A stimulant is given, and the feet are placed in contact with hot bottles. A compress sufficiently large to surround the chest is plunged into water at a temperature of from 70 degrees to 95 degrees F., and applied to the chest. This is changed every ten or fifteen minutes until the desired result is obtained. In order to disturb the child as little as possible, the nurse is directed to apply the compress from the front, tucking in the ends until they meet

in the back, in this way avoiding much movement or inconvenience to the child. The exact temperature of the water in a given case must be determined by the condition of the child, and the temperature to be combated. A needless amount of cold is often employed.

If the temperature is 105 degrees F., the water may be 95 degrees F., or even warmer, at the start. A frequent application of the compresses will often produce results at this comparatively high temperature. If the compresses are allowed to remain unchanged, they become warm and the effect is lost.

If the temperature does not yield, the temperature of the water can be lowered until it reaches 70 degrees F., 60 degrees F., or even lower. It requires some careful watching to determine exactly how low the temperature of the water may be kept. The addition of about one-fourth part of alcohol sometimes increases the value of these compresses. This was well exemplified in a case recently under Dr. Chapin's care. An infant fifteen months old, with an extensive bronchopneumonia had a temperature ranging from 104 degrees F. to 105 degrees F. As the symptoms were somewhat urgent, the infant twitching as in beginning convulsions, a compress at 60 degrees F. was applied about the chest. The child became slightly cyanotic under the compress, without much reduction of temperature. It was then removed and stimulants given. The following day compresses at 70 degrees F., with the addition of one-fourth alcohol, were applied, and the child reacted well to this treatment. The temperature soon dropped to 102 degrees F.

So long as the feet and hands are kept warm the cool compresses may be applied, but chilliness of these parts is a contra-indication to cold. When the temperature is reduced to 102 degrees, or 103 degrees F., the compresses should not be renewed, but are kept in position in case the temperature ascends again to an unsafe degree. In the meantime they act in the same way as a cotton-batting jacket. Dr. Chapin has sometimes kept a child in this position for several days, applying cold when indicated by a hyperpyrexia which tends to recur. This clinical fact is probably explained by a mixed infection, and not the pneumococcus alone, being responsible for the disease. Wide variations in the temperature point to the former condition.

The deepened respirations ensuing upon the application of the compresses have a favourable effect upon the pneumonic circulation. As a rule, children do not object to the compresses when applied in the manner here suggested, the principal point being to avoid too great a degree of cold and to apply the compresses with as little

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