

causing deafness, and possibly inflammation of the brain or other serious mischief.

Occasionally the tonsils may slough, or the gland beneath the jaw suppurate, and if not attended to the abscess may burst, leaving a ragged cavity, very slow to heal.

The joints may become swollen and tender, due probably to the poison of the disease; but this, as a rule, is not very severe.

A more serious complication is inflammation of the kidneys. This generally occurs about the third or fourth week of the disease, either from exposure to cold, a too early return to meat diet, or interference with the functions of the skin during "peeling." Albuminuria in small amount is very usual during scarlet fever, and the nurse should be sure to test the urine daily, to measure its total amount, and to keep a specimen for the doctor in case he wishes to examine it personally. If the child gets inflammation of the kidneys, the amount of albumen will increase, and blood is often present. The child often becomes dropsical, and perhaps apathetic and pallid.

To avert as far as possible, this dangerous complication the nurse should keep the patient warmly clothed in woollen during convalescence, and be careful to give very little meat or other nitrogenous food during the first three or four weeks after the temperature has become normal.

During the stage of "peeling," the patient should daily have a warm bath, after which the skin may be anointed with weak carbolic oil, or lanolin ointment and eucalyptus. It is generally thought that the stage of "peeling" is specially infectious and that the poison is chiefly thrown off by the skin. It is, however, more probable that the infection is given out by the throat and nose rather than by the skin, and that the infection is just as potent before as during "peeling." As far as general treatment is concerned, the patient should be kept in bed for three weeks at least, and if the case be at all severe or there are complications it is as well to err on the safe side and keep the child in bed even longer. During the fever, milk and barley water is the safest food; jellies, meat extracts or beef tea are unnecessary and may do harm as they may over-tax the kidneys and render them more liable to inflammation. Daily sponging with Condy's solution diluted with tepid water is of much service. If the throat be sore, sucking a little ice will relieve it; and if the child be old enough to be docile spraying the throat with a little solution of

chlorinated soda (one in twenty) will clear away mucus and septic matters; or if preferred the throat may be mopped out with a large paint brush dipped in a saturated solution of boroglyceride in glycerine, or glycerine of carbolic acid. An ice bag to the head will relieve headache or delirium. If the heart fails, stimulants may be required.

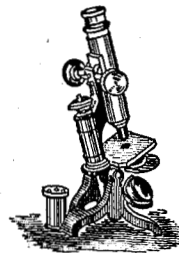
The child should be kept isolated from the rest of the family for two months from the onset of the fever and for longer if the skin has not ceased to peel; after this time it is as well to take the convalescent to the seaside and to let him spend as much time in the open air, as the weather and season may permit.

(To be continued.)

Medical Matters.

THE TOO COMPREHENSIVE APPLICATION OF THE WORD "PNEUMONIA."

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The term "pneumonia" is constantly used in the sense of implying a well characterised disease, a disease the nature of which is clearly defined, and the course and result of which are well understood. Yet, as a matter of fact, as currently used, nothing is less accurate in the whole terminology of disease than is this word "pneumonia," and the matter seems of sufficient importance to justify a short consideration as to what we do and what we do not understand when we make use of this most elastic term.

As generally used there can be no doubt that "pneumonia" is intended to mean an acute inflammation of the lung, commencing with very marked symptoms, often with a rigor, resolving by crisis often on the seventh or ninth day, and leaving no permanent damage to the organ which it has affected. This is, of course, the true croupous pneumonia, the "inflammation of the lung" *par excellence*. But a little consideration will show that from the point of view of course and behaviour this so-called "inflammation" of lung is very unlike most forms of inflammation.

It is true that, microscopically, the effusion into the air cells is similar to that which characterises the severe form of inflammation known as "croupous," but how different is the

[previous page](#)

[next page](#)