

their contagiousness. The incubation period is usually about a fortnight. The rash is usually the first thing noticed; it appears just on the lower part of the face and extends to the body and limbs. It is a cross between those of measles and scarlet fever; it lasts usually three or four days and then fades. The temperature is usually slightly raised to about 100° F. or so. There is a slight soreness of throat and often slight coryza. The glands at the back of the neck are often enlarged, and this is a very characteristic symptom. The illness is generally slight, and convalescence begins in three or four days. There are usually no complications. The nursing is that of an ordinary illness, light food and freedom from chills; the patient must, of course, be confined to one room and isolated from his companions for three or four weeks.

Chicken-pox or *Varicella* is an epidemic disease communicated usually from one child to another, but the infection may be carried by clothes, etc. The incubation period is usually a fortnight. The rash is the first thing noticed, usually on the chest or back first, from whence it spreads in successive crops to the face, scalp, and limbs. The rash consists of raised spots soon becoming vesicles filled with clear fluid; if scratched pus may form in them and they may leave permanent scars. The number of them varies greatly. They continue to come out for three or four days, and they usually dry up after lasting a few days, but in very weakly children they may cause unhealthy ulcers.

When the rash appears there is usually some slight fever which lasts a couple of days or so, and there are the usual febrile symptoms. The infection lasts till all the scabs have cleared off the skin, leaving it normal; and this is usually accomplished in three weeks or a month.

The nursing is simple; isolation, and if the rash be copious, the child should be kept in bed for a few days. A little simple ointment may be applied to the scabbing vesicles.

Vaccination.—The object of this is to prevent the occurrence of small-pox in the child, or if this does occur to render the disease slight and innocuous; and this result is undoubtedly attained by vaccination which has reduced to a minimum the number of small-pox cases and also the mortality of the disease. The nurse, after a child has been vaccinated, should be careful not to allow any vaccine or blood to be rubbed off the arm, and should not dress the

child till the latter is thoroughly dry. When irritation begins and the arm becomes red or swollen a guard of wire over the papules is useful; by the end of the week there is usually a flattened vesicle at the seat of inoculation this becomes cloudy during the next few days and then dries up into a scab which on detachment leaves an ulcer requiring a variable time to heal. For this ulcer, a little lint and boracic ointment forms a suitable dressing.

(To be continued.)

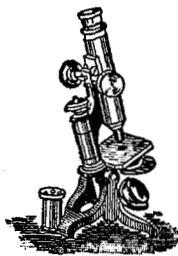
Medical Matters.

THE TOO COMPREHENSIVE APPLICATION OF THE WORD "PNEUMONIA."

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(Continued from page 246.)



Over and over again we are told that cases of chronic disease of some kind, it may be heart disease, renal or nervous malady, end through an attack of pneumonia. Now it is perfectly true that in such cases the fatal event may be ushered in by a rise of temperature, and physical signs may be detected in the nature of dulness on percussion, tubular breathing and crepitations, which certainly point to the presence of hepatised lung. Yet *post mortem*, the appearances are widely different from those of croupous, or even of lobular pneumonia. The affected lung base is often extremely cedematous, may be reddened here and there, and will probably contain areas of collapse, patches of solid lung that break down under pressure of the finger and sink in water being also found scattered over the affected area.

It would be difficult to classify this appearance under the head of either lobar or lobular pneumonia, and it is, indeed, a pulmonary condition which is more or less *sui generis*.

A somewhat similar state of things, too, may arise without any accompanying elevation of temperature. It is sometimes noticed that in lingering diseases affecting old people a change for the worse is coincident with the appearance of dulness over the lung base, together with bronchial or tubular breathing over the same area. *Post mortem*, a sort of semi-solid condition may be found, which differs widely, however, from any definite form of what

[previous page](#)

[next page](#)