

The Nursing of Children's Diseases.

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LECTURE IV.

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Smallpox or *Variola* will not be likely to come under the care of a general children's nurse, and so a description of it appears unnecessary, but post-vaccinal smallpox called *Varioloid* sometimes occurs. The incubation period is twelve days, occasionally the attacks may be so mild as not to be recognisable. As a rule, the symptoms begin with headache, fever, and aching in the back. The temperature may mount to 103° F., lasting two or three days, and on the third day the eruption appears first on the face. This consists of small papules with often a little surrounding redness. After a day or so at the top of each spot a little fluid may accumulate, and it is then called a *vesicle*. In a few more days this dries up and disappears. When the rash appears the fever abates and the child appears otherwise well.

As regards nursing the treatment is that of ordinary fevers. The child should be isolated for at least a fortnight, and longer if the rash has not completely disappeared; for though the child may have the disease very slightly he is just as likely to spread the disease as a more severe case.

Diphtheria is a very common infectious disease spreading by contagion which is usually direct from one patient to another but may also be conveyed by clothing. It may attack the eye, the genital organs, or any abraded surface or wound, but most commonly it affects the tonsils and soft palate from whence it extends to the nose or larynx. The incubation period is short, generally only two or three days. There is usually severe sore throat with formation of a yellowish or whitish grey membrane on the tonsils which generally extends to the surrounding parts, such as the soft palate. There is enlargement and tenderness of the glands of the neck, and great prostration and much constitutional disturbance with headache, fever, vomiting and often albumen in the urine,

In favourable cases after a few days the membrane ceases to extend and becomes detached, and the pain and swelling of the throat subsides; and the child slowly recovers. In other cases the disease may extend to the nasal cavity causing a semi-purulent, often bloody discharge from the nostrils, and more or less nasal obstruction, or the extension may be to the larynx, causing a peculiar metallic cough and difficulty of breathing, with hoarseness, or perhaps, loss of voice. In these cases there is much danger of suffocation during the paroxysms of dyspnoea which frequently occur. During these, the nurse should notice the frequency and size of the pulse, and whether the lower ribs are sucked inwards during inspiration; if this latter symptom occur she should send for the doctor without delay, because the child's life may depend on immediate tracheotomy being performed. In some cases the child sinks early through the severity of the poison; or pneumonia may attack the lungs and cause death, or syncope may be suddenly fatal.

After apparent recovery from diphtheria a peculiar form of paralysis may come on, even as late as a month or six weeks after the child is apparently well. The first symptom may be that on drinking the fluid returns in part through the nostrils, and that the voice is nasal, these symptoms are due to paralysis of the soft palate; also the child may develop a squint, or the legs may become weak, the child stumbling and falling about. These symptoms should at once be reported to the doctor, as occasionally the paralysis may attack the heart or the respiratory muscles and prove fatal. The nurse should always remember that these symptoms may follow a sore throat so slight that the presence of diphtheria has not been suspected at all.

As regards nursing, all possible, measures must be taken to keep up the patients strength by abundance of digestible nourishment, milk, beef-juice, gruels, peptonized foods, etc., should be given. In many cases alcohol is necessary.

The child should, of course, be kept in bed and isolated in the usual way, and it is a custom to place the child in a curtained cot, the air surrounding which may be moistened by a steam kettle into which some carbolic acid or eucalyptus has been put so as to provide a moistened and antiseptic atmosphere. The medical attendant will no doubt inject antitoxin as soon as possible, and it is

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