

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.*

LECTURE IV.

(Continued from page 284.)

False Croup or spasmodic laryngitis occurs usually in a child who has a slight cold and is somewhat hoarse, it occurs at night, the child starting up suddenly with great dyspnoea and distress, becoming blue and apparently dying. The attack usually passes off in a few minutes, and is rarely fatal. Of course a doctor should be sent for at once and meanwhile hot sponges may be placed to the throat and a teaspoonful of ipecacuanha wine given. The nurse should be careful that the child is warmly clothed in flannel day and night, and protected from draughts or damp. Sponging with tepid salt water each morning may assist in keeping the child free from these attacks which are often apt to recur.

Laryngismus occurs in ricketty children generally in the second year of life, and consists in a catch in the breath with a slight crowing sound; very often there are also general convulsions, the attack lasts a few seconds and is occasionally fatal. The attacks are often brought on by bad feeding and digestive disturbances. While the nurse is waiting for the doctor to arrive she may dash cold water on the face and fan the child; occasionally patting it on the back. After the usual purgative and sedative medicine the doctor will probably order very careful feeding, and very likely a diminished amount of milk. It is most important to secure a free action of the patient's bowels. A steam tent should never be used for these cases, and the room should be well ventilated.

Whooping Cough is an infectious disease, transmitted, as a rule, by close contact with an infected case though it may be conveyed by clothes upon which sputum has fallen. The incubation period is one or two weeks; then follows the first stage in which there is a feverish cold and tickling cough, and a little fever, with wheezing on the chest. After about a week the convulsive stage comes on, and the cough becomes less frequent, but more severe, and during the paroxysms the child may "whoop." With the cough the child may

vomit, or have bleeding from the nose, or some other hæmorrhage may occur. After a month or six weeks the attacks of coughing get less severe, the whoop disappears, and the child becomes convalescent.

The complications are broncho-pneumonia, and occasionally pleurisy, and tuberculosis may follow.

The child should be confined to a well-aired room, or, if possible, two rooms "en suite," during the whole time the whoop is present, and must be kept isolated for at least six weeks from the commencement of the whoop. If the cough is troublesome black currant tea or barley water may be taken. The vaporising of Calvert's carbolic powder is sometimes useful to check the severity of the cough. The diet should be most carefully arranged. If the child vomit with the cough it is necessary to feed it with small quantities often, in order to make up for the food vomited.

Mumps is a mild infectious disease with an incubation period of two or three weeks, and begins with chilliness and slight fever and stiffness about the jaws, followed shortly by swelling of the salivary gland on one side; this gland is below and in front of the ear, extending slightly on to the face; in a day or two the gland on the other side is swollen, and mastication and swallowing of food are very painful. As a rule there is not much fever or general illness. Hot fomentations over the swollen glands are useful at first, and the child must be isolated for three or four weeks.

(To be continued.)

The Care of Children's Ears.*

By MACLEOD YEARSLEY, F.R.C.S.
Surgeon to the Royal Ear Hospital, etc.

The subject upon which I have been asked to speak to you this afternoon is one of great importance, especially to those who have the charge of children and the responsibility of rearing them. The sense of hearing is second only to that of sight, if indeed it is not equal to it, and its loss very seriously handicaps a child in its future struggle for existence. It is not so very many years ago that the stereotyped reply of a large number of doctors, when questioned by anxious mothers as to affections of the ear, was to the effect that the child would "grow out of it." Luckily for future genera-

* A lecture delivered to the Nursing Division at Wembley of the St. John's Ambulance, April 2nd, 1901.

[previous page](#)

[next page](#)