

## 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.*  
 (Continued from page 204.)

### LECTURE X.

#### THE NERVOUS SYSTEM.

*Tetany* is a form of continuous spasm mostly affecting the limbs. It is often associated with rickets or false croup, and is frequent in children debilitated by diarrhoea or other exhausting disease; it consists in a contraction of the fingers, they are flexed at the metacarpophalangeal joints, but are extended at the other articulations, and the thumb is pressed against them, and so the hand forms a conical shape, the wrist and elbow are bent and the arm drawn to the side. The toes are bent inwards to the sole, and the foot arched and straightened so as to be nearly in a line with the leg. Occasionally the muscles of the body and face may be involved, but this is only in very severe cases. The spasm is painful and lasts a quarter of an hour to some hours, but may again reappear. This disease is never fatal in itself, but the infant may succumb to the disease of which tetany is only a symptom. Tetany is distinguished from tetanus by the fact that the extremities are the first and often the only muscles affected, whereas tetanus begins with lockjaw and affects the body much more than the limbs.

For the tetanic spasm the nurse should give a warm bath, and if this be not sufficient, hot fomentations sprinkled with laudanum may be put on the hands and feet. The treatment must be also directed to remove the cause of the tetany, and so a doctor will prescribe a dose of castor oil, calomel, or other purgative, and instruct the greatest care in the diet. If rickets be present, the after treatment will be directed to the removal of this.

*Night terrors* occur in nervous, excitable children, and appear to be due in some cases to indigestion, or to some interference with the vital processes as the breathing or the heart's action.

The child starts in its sleep, shrieks, shows some sudden dread of an imaginary or real object. It is not properly awake, but in a dazed state. After some minutes it may go off quietly to sleep again. Such attacks may

happen more than once each night. The nurse should see that such a child has light, easily digested food, especially at the evening meal. The doctor will probably prescribe a little bromide mixture to allay the excitability of the nervous system.

*Hysteria* is not uncommon in children, and resembles the same condition in the adult. There may be a sudden paralysis of a limb, as in the case of a little boy at present under the care of the author, who for some months has had now and then complete paralysis of the legs, which recovers completely during a short stay in the hospital, to come on again when he is removed home. Very often there is loss of voice. Sometimes there is local tenderness of the skin or of a joint, or loss of sensation of a part, or there may be headaches. Convulsive attacks are common, in which the patient is not unconscious, and does not injure herself nor is the tongue bitten as in epilepsy. The limbs are thrown about, and there is often screaming. Sometimes the appetite appears to be lost, and the child will violently resist being fed, and may waste to a skeleton. When the medical attendant is certain that he is dealing with a case of pure hysteria (which is often difficult, as it may closely resemble many serious organic diseases), the treatment is to a great extent in the hands of the nurse; she must be firm though kind, and should not shew too much sympathy, in order to train the child's will to overcome the disease. The parents may for a time have to be excluded from the room, and in some cases the child must be removed from their vicinity to a healthy country, where there is some suitable outdoor amusement.

A tonic such as Parrish's food is often useful.

The nurse must try to obtain a moral ascendancy over the child, or all treatment will be in vain.

*Chorea*, usually called St. Vitus's Dance, is a disease most common in girls between 5 and 15 years of age, and is often due to fright or to rheumatism. It begins usually as an "exaggerated fidgetiness," followed by a loss of control over the muscles and weakness of them. The child "makes faces" and appears clumsy in movements, and is apt to drop things. The movements are increased by excitement, but cease during sleep. They are most marked in the face and upper limbs, but no part of the

[previous page](#)

[next page](#)