

THE CHILD, THE MOTHER, AND THE THERMOMETER.

By A. KNYVETT GORDON, M.B. Cantab.

Formerly Medical Superintendent of Monsall Hospital, and Lecturer on Infectious Diseases in the University of Manchester.

When I was asked to write something for this special number of THE BRITISH JOURNAL OF NURSING, it occurred to me that I might appropriately depart from the usual practice, and discourse on some generalities rather than on the symptoms of one particular disease, and from the point of view of the mother rather than from that of the hospital nurse.

Few things have, to my mind, been more striking than the change which has come over the hygiene of the nursery in recent years. In many ways this has been entirely beneficial in that it has resulted, for instance, in the opening of windows and the disappearance of the chest-protecting yard of red flannel. But the very spread of knowledge in these directions has brought with it a proverbial danger in that everyone who has to do with a child in the nursery thinks that she knows all about the ailments of childhood, and steps in—with both feet—where angels fear to tread.

Let us imagine for a moment the case of the girl of the period who has married and become the mother of a couple of young children. It is true that her education nowadays has fitted her better for the physical part of motherhood than the vapid novel and reclining board of her mid-Victorian predecessor, but even unlimited golf and hockey does not tell her much about the aches and pains of childhood!

Now comes the difficulty. Her ancestor knew that she did not know, and so called in the doctor when her children were ill; or even if she tried a domestic remedy first, this was invariably so harmless as to be productive of no evil in itself, but the modern wife usually buys an encyclopædia of domestic medicine, and when her little ones are in pain produces from its pages a lightning diagnosis that out-Sherlocks a medical Holmes, and would make the body of a careful physician turn in its grave with horror!

Still, there is one gleam of hope. She usually buys a clinical thermometer. Now I think this personally a good thing. The only harm that is likely to arise is that she may put it in the axilla upside down, or hold it over the gas jet to see the index more clearly, and she will then get a fright, and send for the doctor, but this is much better than not knowing that a child has a temperature, and consequently

treating the early headache of typhoid fever with jalap powders! I am rather inclined to think that the good of the thermometer and the evil of the domestic medicine book counteract one another.

We will leave the much-advertised domestic diagnosis all in oblivion with the shades of its victims, and consider quite briefly some—by no means all—of the causes of a rise in temperature in young children, in order to see how the mother or children's nurse may know just one point—whether the child is or is not seriously ill when it is feverish. We will leave out the case of infants for the present, and take children between the ages of eighteen months and eight years.

The first point that I wish to make is that one can draw no deductions of any value whatever from the height of the temperature itself—on one observation, that is. Very often a temperature of 104° is of scarcely any real importance, and one of 100° may be associated with a serious disease. The former may, for instance, be due to eating too many sweets, and the latter may usher in an attack of malignant diphtheria. In continuous records for two or three days, the height of the fever is often important, but that is another matter altogether.

So we will suppose that a child looks ill, and that the temperature is found to be raised. We should then at once look out for two symptoms—namely, sore throat and stomach ache.

If the child has a sore throat—and there is not much difficulty in deciding this point—our thoughts turn to one of the infectious diseases, and the child should be at once isolated from its fellows. Probably the next thing which the mother had better do is to look down the throat, using the handle of the domestic toothbrush or of a small spoon for the purpose. All that is necessary here for her to observe is whether there is anything yellow or white on the tonsils. A negative result may not be of much value, but if anything is seen the question of diphtheria should arise, and the doctor should be sent for at once. Here we must remember that in cases of diphtheria who receive antitoxin on the first day of illness the mortality is practically nil, whereas it rises by leaps and bounds as each day slips by until after the fourth day the remedy is practically useless, and the disease assumes the terrors of the pre-antitoxin days, which have been reflected even in the penny novelette. So we will not laugh at the mother who tries to look at the throat of her sick child.

Another possibility here is scarlet fever, the rash of which will appear on the next day, and

[previous page](#)

[next page](#)