

Middle third.—Dark rings under eyes indicate deficient heart's action. Fulness of the nose denotes dropsy.

Working of or fan-like motions of the nostrils shows imparassive respiration.

Lower third.—A drawing of the upper lip, or, as the mothers are generally pleased to call it, smiling in their sleep, denotes pain in the abdomen.

Chewing motion of the jaws is a symptom of intestinal irritation.

Pale and sunken cheeks indicate poor digestion and mal-assimilation.

Now let us look inside the mouth.

If the child's digestion is imperfect, we shall find the tongue furred with white curd.

Sore mouth and tongue, called aphthæ, is often the result of sheer starvation and neglect.

Brown fur indicates a low typhoid condition of the system.

A strawberry tongue is one of the diagnostic symptoms of scarlet fever.

We can generally find the eruptions of the exanthematous fevers on the fauces sometimes before they appear on the skin.

Teeth.—Hot, vivid, red gums tell us that the teeth are about to make their appearance.

The milk teeth should begin to appear first, nearly in the following order between the fourth and seventh months. The two lower central incisors should make their appearance. The rest to follow in a somewhat irregular manner until about the second year of the child's life.

Irregular dentition indicates faulty nutrition.

Delayed dentition, rickets, and certain peculiarities in the formation of the permanent teeth, constitutional syphilis.

The hand.—Let us now see what the hand will teach us.

If the child frequently carries its hand to the head, ear, or mouth, it shows that there is pain in the organ.

Constantly rubbing the nose is a symptom of gastro-intestinal irritation.

Blueness of the nails shows improper aeration of the blood.

Deformity of the nails is a sign of syphilis. Clubbing of the finger tips, of chronic lung disease. Redness and swelling, as suppuration about the root of the nail, denotes struma (scrofula). Puffiness or cushiony appearance of the back of the hand denotes dropsy, and if there is exfoliation of the epidermis, the

two symptoms will confirm a retrospective diagnosis of scarlet fever. If the thumb is strongly flexed in the palm of the hand, and the fingers tightly clasped over them, our patient will have convulsions.

Pulse at the wrist.—We find the fast beating which does not give us as much information as we receive from the adult pulse.

Irregular pulse is a symptom of brain or heart disease.

A fast pulse in measles is a bad omen.

Any excitement will accelerate the pulse sometimes as many as four beats per minute.

The chest.—A small, flat chest will point to tuberculosis, while the irregular triangular chest would indicate the rickets. The barrel-shaped is caused by emphysema.

Bulging of the intercostal spaces before absorption has taken place, or retraction of the spaces after absorption, indicates pleurisy.

Cessation of costal restoring respiratory movements indicates lung disease.

Relaxation of the apex beat is changed by enlargement of the heart, by effusion in the pericardial or pleural cavities.

The abdomen is the next to attract our attention. Distension is caused either by flatus or dropsy. A bulging of the hypogastric region denotes a distended bladder. A sunken condition of the abdomen is met with in serious brain affections. Notably in tubercular meningitis. A sunken appearance is found in some inflammatory lesions of the intestine. But in this condition we have tenderness on pressure.

Lower extremities.—The toes will be flexed if we are going to have a patient with convulsions.

Repeated extension and contraction of the legs denotes colic.

General symptoms.—We will now consider a few general symptoms. Enlargement of the ends of the long bones denotes rickets. The attitude of the little one will suggest many things. The complete repose depicted on the countenance of a healthy sleeping child is shown also by the posture of the body. The head lies easily on the pillow. The trunk rests on its side, slightly inclined backward. The limbs assume various but always graceful attitudes, and no movement is noticeable but the gentle rise and fall of the abdomen in respiration.

With the onset of the disease all this is changed. In extreme prostration the child

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