fortunately many cases do not suffer so severely. The length of time which the illness may last, varies greatly, from a few hours to a week or two. In many cases bronchopneumonia occurs. So the nurse should frequently count the respirations and watch for signs of dyspnœa or cyanosis.

In all the preceding cases, a medical practitioner should be called in as speedily as possible and his directions as to diet and treatment must be most accurately carried out. In most cases milk will be stopped for the time, and the only food given will be whey, albumen water, veal tea or chicken broth. The doctor will most probably at the outset prescribe a dose of castor oil or calomel to remove any possible source of irritation from the bowel, after which some antiseptic, astringent or sedative will be given. If there be much fever, tepid or cold sponging will be necessary. If opium be given the nurse should most carefully watch its effect on the pupils and its general sedative action so that the physician shall be informed if its action appear excessive, such for example as marked contraction of the pupils, drowsiness and possibly blueness of the lips, or ears. If symptoms of collapse appear the nurse should be prepared to counteract it as far as possible by inhalations of ammonia, or the administration of small doses of brandy till the doctor arrives, and in such a case the child should of course not be bathed, though the buttocks may require cleansing.

A mustard bath however is often of great service in cases of collapse from diarrhœa. This is made by adding an ounce of mustard to each gallon of water of the temperature of 100° F. Or, instead of placing the child in the bath, flannels may be wrung out of hot water containing about two tablespoonfuls of mustard to the gallon and placed on the abdomen.

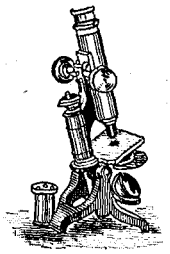
Both these methods are useful to check the vomiting. If however the sickness continues, all food should be stopped for some hours, the tongue being occasionally moistened with a brush dipped in iced water.

When convalescence is established, the greatest care must be exercised for many weeks in the feeding of the child and the return to a milk diet should be very gradual, for a child's digestive powers remain weak for a lengthy period after any severe illness.

(To be continued.)

Medical Matters.

PUERPERAL FEVER IN RELATION TO NOTIFICATION.



Dr. Berry Hart, M.D., defines puerperal septicæmia as an acute disease due to the entrance into the system from without, and through lesions of the genital tract, of a micro-organism, usually a pyogenic one—that is, a streptococcus or staphylococcus. Other organisms may be found as a cause, namely, the bacillus coli communis, or pneumococcus; or it may be, where we have great bruising of the parts or retention of portions of placenta, simply putrefactive organisms. It is, at any rate, usually a pathogenic organism, and by its spread into the living tissues and by the production of its peculiar toxin, it poisons and may kill the patient affected. The great risk of the pyogenic organisms is their passage along the lymphatic or blood routes of the body, and it is the occurence of this spread that practically makes a case notifiable.

The general practitioner must rely for his diagnosis on the clinical conditions. Notifiable cases can be classified under three varieties:—

(1) The acute, rapid form, due to a large amount of poison and usually associated either with severe laceration or ruptures of the genital tract, or with retention of much placental debris as in greatly adherent placenta or membranes. The severity of the labour will have put the practitioner on his guard, and the rapid pulse, relatively low temperature, the early tympanitis and irregular rashes, with the general aspect of the patient, will make it evident that notification must be speedy to antedate the death certificate.

(2) The ordinary lymphatic form. The occurence of elevation of pulse and temperature within the first five days, the persistence of the rise, the occurence of rigors, the onset of peritonitis, pericardial or endocardial symptoms render the diagnosis easy. If the case be one of septicæmia or simple wound intoxication, it will usually yield at once to local antiseptic remedies. Again, if the mischief becomes localised and end as a cellulitis, the lateral fixation of the uterus and the after-exudation will make the case clear as a non-notifiable one.

(3) The rarer venous form. This is the form which taxes most the practitioner's skill in diagnosis. We have a sudden rigor and a high temperature, a pulse not so high relatively, and

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