

symptoms. They suffer from extreme difficulty and rapidity of breathing, for example; with rigors, high temperature, and the ordinary physical signs of Pneumonia.

Or again, if the mitral valves, or the aortic valves, are affected—the disease being more common on the left side of the heart than on the right—the embolus is swept either up one or other carotid artery into the brain, or along the aorta into the arteries of one of the limbs or of some internal organ.

If, for example, it becomes impacted in one of the cerebral arteries, an attack of apoplexy occurs; the patient suddenly falling down senseless, or being attacked with paralysis of one side of the body, with, or without unconsciousness, according to the precise position of the blood-vessel in the brain which has been plugged. In the case of the blocking of an artery in a limb, signs of gangrene may show themselves; or by good fortune, or good management, the circulation may be restored through other vessels, and the danger of mortification thus averted.

If the embolism takes place in the spleen, the kidneys, or the liver—the former being more frequently the case—a sudden rigor with very high temperature and symptoms of blood poisoning show themselves. In recent years, the extreme importance and danger of this condition has been more fully investigated and understood than was formerly the case; and to this condition of the valves, the description of "Malignant" or "Ulcerative" Endocarditis has been given. The chief point for nurses to remember is the actual causation of the various obscure symptoms which show themselves in these cases, but all of which are alike in this, that they resemble the symptoms of septicæmia or blood-poisoning.

The importance of the condition thus described will be made more evident when the nursing of these cases is considered; but, to understand them, the nurse must bear in her mind's eye the warty growths on the valves floating up and down with every movement of the blood; because for example, she will then fully appreciate the extreme importance of keeping such a patient at absolute rest, and thereby preventing, as far as is humanly possible, any strain upon the action of the heart which might pump the blood with greater force than usual against the damaged valve, and so hasten, or perhaps even cause, the detachment from it of some fatal fragment.

(To be continued.)

Medical Matters.

CAUSES OF COUGH IN CHILDREN.



AN interesting article on this subject appeared last week in the *Medical Times*:—An analysis of 700 cases which were brought to the North Eastern Hospital for Children with cough as the chief symptom, gave 31 per cent. as due to chest disease, 40 per cent. to throat disorders, 23 per cent. to gastro-intestinal disturbances, and the small remainder of 6 per cent. to other various causes. The causes of throat-cough were found to be either enlarged tonsils, adenoids, pharyngitis, etc., and it was mentioned that an occasional rhonchus was often present in the chest, thereby occasioning some to make the diagnosis of bronchitis, but these cases did not improve if the throat condition was neglected.

The lung diseases producing cough are less frequently undiagnosed, but the frequency of apical pneumonia in children was mentioned and the necessity of careful examination of the apices of the lungs insisted on. Cases of spasmodic cough resembling whooping-cough were quoted, the causes of such a symptom being enlargement of the bronchial glands or bronchiectasis or both conditions combined. Such cases often come on after some acute disease, such as measles or whooping-cough. The frequency of cough in gastro-intestinal diseases, such as gastro-enteritis, gastritis, worms, etc., was pointed out. In a few cases, cough was thought to be due to dental caries, as the cough did not disappear till such teeth were treated. Ear-cough, so called, was generally thought to be due to the preliminary throat troubles which caused the ear disease.

HERNIA IN CHILDREN.

There was an interesting discussion on this subject at the British Medical Association meeting. It was pointed out that the inguinal is almost the sole form in infants, the femoral variety being rare under 10, and that hernia is more frequent in the Jewish race, and out of nearly 13,000 cases, 11,833 occurred in boys, more than half of which were on the right side, due to the fact that its vaginal process of peritoneum is nearly always patent at birth.

The treatment was divided into preventive, instrumental, and operative, measures. In the

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