

genital tendency to bleeding. Again nose bleeding is sometimes an early symptom of some of the fevers.

When the accident occurs the first point to be ascertained is whether the child has put some foreign body up the nostril, in which case it can usually be easily seen or felt; but, if it cannot be easily removed, it is infinitely better to call in a doctor at once before it is pushed further backwards into a more dangerous position. Bathing the nose with cold or iced water will often stop ordinary bleeding, or pressure on the nose from outside may be effectual. The child should be directed to stand upright, with the arms raised above the chest, and to take one or two deep breaths, which will relieve the venous engorgement of the nose. A little alum and water may be used as a lotion.

Chronic nasal catarrh gives rise to a discharge of muco-purulent secretion from the nose which causes excoriation of the nose and upper lip, if the greatest cleanliness be not employed; the voice is nasal, sucking is difficult, and the child snores when asleep. The inside of the nose is seen to be excessively red and may be tender. In these cases a foreign body may be the cause, such as a pea, or boot-button, and this should be carefully looked for. A remedy often useful is spraying the nostrils through an ordinary scent spray with tepid water into which a little bicarbonate of soda has been added; this softens the crusts in the nose and clears away the mucus.

Acute Coryza.—This is usually called a "cold in the head." There are some children who are always catching cold. They begin to sniffle, and gradually a copious thin mucous discharge exudes from the nose, often excoriating the upper lip and the nostril. The child is fretful, often feverish, thirsty, and without much appetite, it breathes badly at night, tosses about, and wakes up crying. These symptoms last two or three days, and are often succeeded by a cough owing to the catarrh extending from the nose to the throat and tonsils, when it may, passing downwards, set up catarrh of the larynx or even of the lungs.

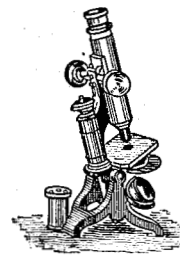
These attacks are very contagious, and are probably due to the inhalation of germs; but when they occur frequently a doctor should be called in as there is probably something wrong with the nose or throat, such as adenoids or enlarged tonsils, which requires medical treatment. Indeed, if there be any reasonable

doubt as to what is the matter, medical advice is necessary because measles or diphtheria sometimes begin in this way. The child should be kept in one room, at an even temperature, or even in bed if very feverish or fretful, and the bowels may be opened by a little fluid magnesia. The diet should be light, consisting chiefly of milk and bread and milk. The face and hands may be sponged occasionally with tepid water, if they are very hot and dry. This cools the child, and thus makes it much more comfortable. A little vaseline applied to the edges of the nostrils and upper lip will prevent much discomfort from the irritating discharge. Sometimes, a little powdered boracic acid blown into the nostrils is useful, and a small dose of ammoniated tincture of quinine may help to allay the symptoms. Later on, good food, codliver oil, and seaside air may brace up the system and prevent a recurrence of the cold.

(To be continued.)

Medical Matters.

VALUE OF REST IN BED IN THE TREATMENT OF CERTAIN DIGESTIVE DISORDERS.



Albu (*Zeitschrift für Krankenpflege*), draws attention to the frequency with which neurasthenia, anæmia, and malnutrition are associated, and the great amount of injury to the system at large that may be produced by such a triad. The deficiency in nerve energy and the consequent imperfect innervation of the tissues lead to a general lack of muscular tone, which finds expression in different ways according to the region of the body affected. In the abdomen the general relaxation has for its consequences visceroptosis and atony of the stomach and intestines with their attendant evils, and in proportion as the lack of proper nutrition increases the stomatic weakness, the debilitating events move in a vicious circle of greater and greater circumference and constantly involve more remote regions in the disease. Under such conditions the evident indications are rest and feeding. But to be properly effective the patient must completely change his previous faulty mode of life and be treated in a wholly alien environment. As a routine for such cases at least three weeks of absolute rest in bed, in some institution away from home, is to be

[previous page](#)

[next page](#)