

mucus, it should, therefore, be swallowed slowly. Sometimes sedative cough medicines, which are prepared by any chemist, are given to relieve a cough and they certainly effect this, but when the cough is an effort of nature to remove irritating secretions the giving of such medicines is undesirable and often dangerous; they often contain opium, and such a drug should never be given without the orders of a doctor to any patient, and more especially to children, as they are peculiarly susceptible to its influence, and may be easily poisoned by even a small dose.

Dyspnoea is another symptom frequent in chest diseases, but by no means limited to them, for it is a frequent symptom in heart disease, kidney disease, nervous disease, anæmias and toxic conditions of the blood. It may, of course, be caused by any obstruction to the entry of air into the chest at any part; for instance, adenoids, enlarged tonsils, post pharyngeal abscesses, diseases of the larynx, bronchi, etc. *Dyspnoea* may occur in paroxysms or continuously, and the treatment will depend entirely on the cause; it is generally useful, however, to apply warmth to the body and limbs, and so promote a more rapid circulation of the blood, and to prop up the child by pillows or a bed-rest and give the patient something to hold to, so that he can more easily expand the chest. Sometimes a small dose of aromatic spirits of ammonia with water is useful, and it is a safe stimulant, though often temporary in its effects.

Stridor is noisy breathing and usually occurs during inspiration; it is always due to the narrowing of a part of the respiratory passages, either by a foreign body, or by spasm, as in laryngismus or false croup or by exudation of membrane or mucus, as in diphtheria or bronchitis, or by compression of the trachea or bronchi by enlarged glands in the chest, etc.

Congenital Stridor is usually present from birth, and lasts during the first year of life. It is not dangerous to life though perhaps alarming to the mother. It is continuous, but more marked during excitement, and is supposed to be due to some congenital abnormality of the larynx. No treatment is of any avail, but a nurse should be careful to prevent any predisposing cause such as undue excitement, taking food too quickly, etc.

Laryngismus and spasmodic laryngitis known as false croup have already been described under the head of diphtheria, and so will be passed over here. There is no such

disease known as croup. The word is a relic of times when diagnosis was less accurate than at present, and the word conveys no definite idea, as it is often used for almost any kind of spasm or inflammation of the larynx in which noisy breathing occurs.

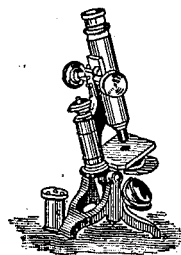
(To be continued.)

Medical Matters.

INFANTILE DIARRHŒA.

According to Dr. W. E. Darnall, of Atlantic City, U.S.A., infantile diarrhœa may be classified as follows:—

1. THE MUCOUS STOOL—



Small in amount: whitish, ropy mucus faintly streaked with blood, stained with fæces, frequently associated with nervous derangements of teething and also the result of errors in diet. It is a matter of some importance to be able to locate just what area the mucus comes from. In dysenteric states the stool is bloody or even hæmorrhagic, with much tormina and tenesmus: with ulceration pus and shreds of necrosed mucous membrane are present.

Treatment.—If neurotic, remedies designed to restore normal nervous tone may be employed, good hygiene being of first importance in all cases. If irritant, castor-oil followed by large doses of bismuth held in suspension with mucilage of acacia. If dysenteric, calomel and ipecac and silver nitrate enemata, which are also useful when ulceration is present.

2. SEROUS DIARRHŒA (Cholera Infantum): copious watery discharges which hardly stain the napkin, often with severe vomiting and collapse. The vasomotor system is profoundly depressed, and the abundant flow appears to be caused by the relaxation of the intestinal vessels supplied by the splanchnic nerves. Temporizing here means death to the child.

Treatment.—Abdominal counter-irritation: morphin and atropin hypodermically; champagne and brandy: lavage of the stomach to check vomiting: rectal enemata of saline solutions: excessive purging allayed by rectal injections of starch water and laudanum.

3. THE PASTY WHITE OR MUSTY STOOL.—Discharge hardly visible on the napkin, with appearance of a paste made of water and chalk: odour musty or mousy. The stool indicates a complete atony of the glands of digestion.

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