

especially in the country, where medical aid may be long in coming.

Infantile diarrhoea occurs when the milk, instead of being absorbed, forms masses of undigested curd in the child's stomach. These, passing through the intestines, cause great irritation, and, if the child's food be not at once altered, speedily fatal inflammation.

The stools passed by an infant in this condition are very characteristic, consisting of "masses of undigested curds closely resembling glazier's putty in appearance and consistence; these masses can be easily shaken off . . . the napkin, which they scarcely soil. They are often green in colour, and are passed solid with a little acrid watery discharge." (Whitla).

Whilst waiting for the doctor, the nurse should see that no more milk is given; the child should have instead barley-water, Benger's Food made with water, or raw beef-juice. On no account should any drugs be administered—opiates, especially, may be fatal. Should the baby show signs of collapse, you may safely give m. x. brandy in a dessertspoonful of warm water, repeating the dose in a quarter of an hour if necessary, and again in twenty minutes. Sometimes the judicious use of brandy will tide an infant over a critical period.

One of the most useful signs of collapse in a young baby is depression of the fontanelle; this always denotes a serious condition, and may be noticeable before the pulse shows collapse.

Infantile cholera, or summer diarrhoea, is quite a different thing from the irritative form just described. It is also caused by the action of a specific bacillus, which brings about certain changes in the milk.

In these cases the child's stools are very frequent, very loose, generally green in colour, and very offensive. The doctor will here probably give a purgative, such as castor oil, and order all milk to be stopped until the intestines are cleared. Meanwhile, barley-water, a farinaceous food made with water, raw beef-juice, or white of egg and water are given as substitutes.

In these cases of diarrhoea the reason why the child's dietary is frequently altered suddenly and completely is because it has been proved that the bacilli which do the mischief cannot quickly adapt themselves to a change of nutriment, and the sudden change from proteids to farinaceous foods, and *vice versa*, so to speak starves them before they have time to accommodate themselves to the new conditions.

"Rickety children" are, unfortunately, only too well known in the out-patient departments of our hospitals. Generally speaking, they are very backward for their age, being especially slow in learning to stand and walk. The abdomen is distended,

and the fontanelle open long after it should have closed. Such a child will sweat a good deal, especially about the back of its neck and head; it will cut its teeth late, and singly instead of in pairs; it will be fretful, and, although it may be large and heavy, will be very deficient in muscular power. As it grows older its bones will show signs of malnutrition; it may be bow-legged, have a "pigeon-breast" or "beaded" ribs. It will have a poor constitution, and easily fall a prey to infectious diseases.

It is said that this condition is almost entirely to be attributed to errors in dietary, notably an excess of farinaceous carbohydrates and a deficiency of fats and proteids, especially fats.

Perhaps one of the principal causes of rickets lies in the foolish use of patent predigested farinaceous foods, which, not being required by the child's system, only lead to the deposition of unhealthy fat in its tissues, producing a large heavy child with little or no muscular power and badly-developed bones.

We may also point out that the cheap brands of condensed milk, being deficient in fats, may help to bring about this condition.

If there be any suspicion of rickets whilst the child is still being fed by the bottle, the physician will probably order cream to be added to the dietary, in such quantities as the child can take, and also meat-juice to supply the lacking proteids. For a child of twelve months old oatmeal porridge, with plenty of milk and sugar, and egg-yolks beaten up in milk will be found useful. At eighteen months sandwiches of raw pounded meat can be added to the dietary of a rickety child, and at two years of age fat bacon may also be given. Fresh green vegetables are also very necessary for all children.

And now just one word on the actual administration of the food. Never lose your temper or your patience whilst feeding a fractious child. It is astonishing how often coaxing will persuade a little one to take the food it does not care for. There is nothing like a little make-belief, and a clever nurse can often get a child to take its food if she can make a game of it; the spoonful being a mouse looking for a hole, for instance, is rarely unsuccessful.

I remember once a baby in hospital refusing all food and yelling at the sight of a bottle. The nurse was in despair, until an old granny in the next bed suggested that the child might have been used to only drink out of a saucer at its mother's meals. The saucer was tried, and proved a success. Do not miss the moral of the story. Babies are intensely conservative, and it is easy to mistake lively objections to innovations for manifestations of an evil temper.

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