

was seemingly all right after; was nursed and slept soon after, sleeping but a short time, when she began fretting and grew very restless until about seven o'clock in the evening, when bowels moved for the first time. I noticed in the movement slight traces of blood, otherwise the amount and nature of the movement seemed normal. I reported the nature of the movement to the attending physician, who ordered child kept quiet and to carefully watch for any recurrence of trouble.

Child passed a very quiet night, nursing at 10 p.m.; 2, 4, and 6 a.m., sleeping each time after nursing. I noticed at time of 6 a.m. nursing child looked pale, otherwise there was no apparent change. Child nursed and rested well during the day and early evening until between eleven and twelve o'clock, when she cried as if in pain, refused breast, and threw up what looked like more meconium. Child was restless most of the night until 3 a.m., when bowels moved, a large movement of clotted blood. Hands and feet became cold, heart very weak. I wrapped child in extra light-weight blankets, kept hot-water bottles to feet, and gave hot water by mouth. Child grew warm soon after and slept quietly until about seven o'clock, when she awoke, opened her eyes wide. I put her to the breast and she began nursing. In the meantime I reported hæmorrhage to attending physician by telephone. Child nursed less than ten minutes, and cried out as if in pain. Thinking there might be a possible recurrence of hæmorrhage, I put child in crib, kept her warm, and awaited the coming of the attending physician. A short time before his arrival there was a second hæmorrhage from bowels, mostly dark-clotted blood, with some bright-coloured blood.

Physician arrived soon after and gave ergotole gtt. ii. diluted with water. Child nursed very little during the day, and was kept quiet by paregoric gtt. ii. in fzi. of hot water q. two hours. At 2 p.m. there was a third hæmorrhage from bowels, less in quantity, but brighter in colour. Child's condition remained remarkably good considering the hæmorrhages she had.

At 6 p.m. child nursed well for first time in twenty-four hours. There was no recurrence of hæmorrhage until next morning, when there was a quantity of clotted blood from bowels a short time before physician's usual time of arrival. He ordered washing out of intestines, using a soft rubber catheter with saline solution, using the proportions of one teaspoonful of salt to one quart of previously boiled water, using three or four ounces of saline solution, then an injection of gelatine solution q. four hours.

After inserting the catheter there was a small quantity of bright red blood; I withdrew the catheter, waited two or three minutes, then gave the saline solution, which was partly retained, the amount of water rejected coming away almost with-

out colour. I waited fifteen minutes, then gave the gelatine solution, which was almost wholly retained. Child slept for almost two hours afterwards; colour remained good, circulation much improved. By 5 p.m. the general appearance and condition of child was so much better I called up the attending physician by telephone to report.

Child slept and nursed very well during the next two or three days; no further recurrence of hæmorrhage.

That the child had lost in weight was very apparent, but weighing was deferred on account of fear of disturbing the child's rest.

Child lived on, apparently not gaining, bowels moved naturally, was bright when awake and slept usual amount of time until morning of twelfth day, when child slept over usual time for two feedings. I then bathed child's face and hands, trying to arouse her, but found it impossible to awaken her enough to get her to take hold of breast. Pulse became weak, hands and feet cold, and face pale. I then gave three ounces of strong coffee by rectum and kept her warm.

In half an hour afterwards, pulse became stronger and colour grew better, but still found no response to bathing face with water; she slept in this way until 6 p.m., having had second dose of strong coffee during the afternoon by physician's order, when she awoke bright and nursed as if hungry. The only noticeable change in child's condition or appearance during time of previous attack of bowels was that during the night dark circles under both eyes appeared, which by morning light had become very much the colour of a bruise, and by the middle of the morning had become bright red in colour, blood almost oozing through the skin. The circles remained bright red for almost ten days, when gradually the colour disappeared very much in same manner as in coming, by growing dark, then gradually disappearing.

We weighed child at the end of second week, and found she weighed 6 lb., having lost 3 lb. 1 oz. By this time the anxiety and disappointment of child's ill-health began to affect the supply of nourishment. In order to save child's strength and assure having a proper amount of nourishment, the physician ordered child fed from bottle, giving milk and barley mixture, not pasteurised. There was no trouble whatever in getting child to take the bottle. She took it as if hungry and new food agreed perfectly with digestion, and by the end of the fourth week her weight had increased 1 lb. 4 oz.

Child gained in appearance, was bright, slept well, and took food very well, and, with the exception of throwing up a small amount of blood twice in one day, during the following week, every change seemed for the better. At the end of the sixth week child's weight had increased to 8 lb. 4 oz. Child's present condition is very good.

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