

### The Child's Cry.

Dr. George F. Butler, as quoted in *The Dietetic and Hygienic Gazette*, differentiates the various cries of children and their interpretation:

First, as to the cry of discomfort. It is a pitiful wail, not as feeble as the cry of fretfulness, nor as strong as that of pain. It is easy to understand why the first cry should be one of discomfort. At birth the child is removed from an equable temperature of 98 degs. Fahr. to the cold temperature of the "cold, cold world," which on the warmest day would seem raw and uncomfortable to him. The later causes of the cry of discomfort may be found in bad air, soiled clothing, cramped position, dress too heavy or too tight, the temperature of the room too hot or too cold. It is for the mother to discover which of these causes is operative in producing the cry.

Then comes the cry of hunger. This may sound much like the cry of discomfort with an added tone of impatience. The hungry child does not toss about as the restless or uncomfortable one, and will often cease crying if he catches sight of his mother or his bottle. If no food is forthcoming he resumes his demand with more insistence.

The cry of fretfulness is weak, plaintive, sometimes nasal in quality, and indicates general ill feeling without actual pain. This fretfulness may be caused by a slight indigestion, a wish to be amused, a desire for fresh air, by headache, or by deprivation of playmates or playthings, by some slight discomfort, as pressure of a knot or button in the clothes, sleepiness, sore mouth, chafing, or other irritation of the skin, or because he wants his mother's companionship and wishes to be entertained.

The cry of pain is loud and vigorous and in children over three months old is accompanied with tears. The sharper the cry the stronger the pain. Or we may reverse the statement, and say the stronger the pain the sharper the cry. Colic is a great producer of this cry, and the pricking of pins is a possibility not to be overlooked in searching for the cause.

When a child cries out sharply and stops quickly, producing suppressed or choked cries, we should immediately think of pleurisy as the cause. Inflammation of the membrane around the lungs produces pain and causes a sharp outcry. The deep breath of crying increases the pain, and the cry suddenly stops.

When in watching a child that is evidently crying with pain we see him bending his head to one side, or carrying his hand to his ear, we may suspect earache.

The hoarse cry of croup is recognised by most mothers. It indicates some trouble with the vocal chords.

It is not hard to diagnosticate the cry of fright; it has a hysterical agitated quality.

The tired or impatient cry is easily recognised by most mothers.

The disappointed cry is heard when the child for some cause finds himself unable to nurse. It may be from a sore mouth, or a tired tongue, an obstructive nose on the child's part, or a defective nipple on the mother's breast.

If the mother in the early weeks of the baby's life pays careful attention to his cries, she could learn to distinguish between these various cries and so be able to determine whether the cause is serious or unimportant. She may be sure that the child will not cry without a cause. If he is well fed, not thirsty, and not uncomfortable he will not cry, provided he has not been spoiled, which reminds one to speak of the cry of temper. Everyone has seen mothers spank little babies who were crying vigorously, saying that there was nothing the matter but ill temper. It is true that these strenuous mothers are not numerous; most mothers coddle their children too much.

### The British Lying-In Hospital.

At the Annual Meeting of the Governors of the British Lying-in Hospital, Endell Street, W.C., in moving the adoption of the report and accounts for the year 1910, the Chairman, Mr. Chas. E. Farmer, regretted that, in order to meet accumulated liabilities, it had been necessary to sell invested funds to the extent of £1,755 7s. 5d. He had never, with the exception of sales in connection with the building of the Nurses' Home, until the last few years, had the experience of realising invested funds to meet the expenses of the charity. He considered it extraordinary that legacies were scarcely ever left to the British Lying-in Hospital. He directed attention to the fact that the subscription list, the backbone as it were of revenue, showed an increase, which was very satisfactory, but he would like to see a still further advance.

In calling attention to the Report of the Samaritan Fund the Chairman, who had previously alluded to the good work of the Ladies' Committee again referred to it, and said how indebted the Hospital was to them for all they had done, and were doing, and how pleased he was to see some present at the meeting.

Pound Day, organised by the ladies, was last year a brilliant success, £74 in money, and 17 cwt. in groceries, etc., having been contributed. Another would be held on the 24th March this year, and a very pleasant afternoon it always was.

[previous page](#)

[next page](#)