

as there are often pains in the bones of adults who suffer from syphilis.

Our third illustration is of a child with "adenoid chest," which occurs in older children. Its chief peculiarity is a sinking in of the xiphisternum and lower costal cartilages.

In the first lecture, on the "Clinical Examination of Sick Children," the author expresses the opinion that the study of diseases of children is one which is apt to be neglected in general hospitals, one reason being that there is no demand made at the ordinary qualifying examinations for a special knowledge of the diseases of children, the consequence of which is that many men when they qualify know almost nothing of many of the commonest ailments of infant life. The same may be said with equal truth of many nurses who leave a general hospital armed with a three years' certificate.

A practical bit of advice in connection with the clinical examination of children is, "Never look a baby in the face. . . . There is no surer way of making a baby cry, and therefore of making it far more difficult to examine than by staring it in the face."

In connection with palpation, the author writes:—"The advice used to be given by an old teacher of mine that you should always 'paw your babies.' That was very sound advice. But I would remind you of the importance of a warm hand in doing so. Though it is now very far back in point of time, I remember still having been handled by a doctor with very cold hands, and I never forgot it, or forgave him."

It is impossible to refer in the limits of a short review, even in the briefest way, to each of the lectures contained in this work. Each merits careful study, and every page contains information of value.

The Artificial Feeding of Infants is a subject which the author states exceeds, perhaps, in importance any to which he has occasion to

direct attention throughout the course of lectures.

"The first question you have to ask yourselves is, Why should artificial feeding of children be necessary at all? You know that in the natural state of things every woman is the source of nourishment for her own child, but you will not have been long in practice before you realise that under modern conditions it is the minority of women who can nurse, or do nurse, their own children. It would be unjust to the female sex generally to say that this inability to nurse their children is their own fault. I do not think that is true; I think, in

the majority of cases, one can say that the woman is unable—not unwilling—to nurse her own child. Now that is a phenomenon of very considerable gravity. . . . It seems to be a part of the price which we pay for civilisation."

If a woman begins to nurse her own child, there is, in the opinion of the author, only one condition on the part of the child that justifies premature weaning, that is persistent loss of weight; "that is," says Dr. Hutchison, "an indication, and an imperative one, and there is no other imperative indication that I know of."

Another pithy bit of advice is to be certain you have corrected any digestive disturbances in the child before con-

cluding that the breast milk is insufficient, especially constipation, for constipation is the vice of breast-fed babies, as diarrhoea is the vice of bottle-fed babies.

Dr. Hutchison discusses the bottles to be used in the case of artificial feeding, and with regard to the teat, says that many cases of failure are due to its having too small an aperture in the top. It is big enough if, when you hold the bottle upside down, the milk drops slowly, at the rate of about one drop per second. It ought not to require a great deal of sucking on the part of the baby, or it will be apt to give the child flatulence, or the infant will leave off sucking before he is satisfied.



ADENOID CHEST, SHOWING DEPRESSION OF XIPHISTERNUM.

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