DISEASES OF CHILDREN.*

(*Continued from page* 309.)

Management of the Sick Child.

In detailing the management of the sick child Dr. Dingwall-Fordyce says that "the first duty of the physician when dealing with a sick child is to take into his hands complete charge. To do so he must know *exactly* what the general condition of affairs in the nursery as regards the patient is, and he must be *exact and minute in his orders*. He must not rely on hearsay when he can have first-hand information. He must personally inspect stools, vomit, excretions of any kind. He must, so far as is possible, probe to the bottom reports as to the frequency and nature of stools in the past, and the nature of the food, the feeding periods, exercise, sleep, appetite, and a great many other points, many of which require not only tactful investigation,

CONGENITAL SYPHILIS.

but also the exercise of powers of reading the characters of the patient's attendants. Armed with a knowledge of conditions to be faced, and the line of treatment being determined upon, he has to see that this treatment is carried out. To this end he must aid the nurse by giving his orders in writing."

"A good nurse," says the author, "is often the most important element in treatment and the most difficult to obtain. . . . Some women are born mothers, natural nurses for children, and when, in addition, they have a level head, at once a sense of justice and of humour, so that they elicit respect as well as affection from children, and when they have had training in the care of sick children, their help is invaluable. Such nurses are rare, and only to be found through time and experience. . . .

* By A. Dingwall-Fordyce, M.D., Ch.B., F.R.C.P.E. A. & C. Black, Ltd., 4, 5, and 6, Soho Square, London, W.C. 10s. 6d. net.

"What are the symptoms for which we are called to the bedside," asks the author, "and what do they mean to our mind? We keep in mind that interpretation of symptoms varies very widely, according to the age of the child—that fits, for example, in a newborn baby make us think of birth hæmorrhage; in a child of a year, of rickets or worms; and in a child of three or four years, of epilepsy, or the onset of an acute infective process. But is the history of fits exact—did the child really suffer from a fit, or was it a sudden disturbance due to digestive disorder? Is the child at the period of age of the primary dentition? As with the symptoms of fits, so with many symptoms—the symptom itself must first be cleared up, and then an interpretation for it sought in the general course of examination. We remember that acute disease is apt to set in violently in young children, and that temperature, respiration, and pulse rate are all unstable, and readily

CONGENITAL SYPHILIS.

affected by even trivial causes. We remember that hyperpyrexia is usually due to alimentary disorder, and calls for rapid purgation; that rheumatic heart disease is practically unknown under two years of age; and that pneumonia is more certainly diagnosed by symptoms than by physical signs. In a word, we keep in mind the peculiarities of the age-period at which the child has arrived, and the characteristics of disease as it occurs at this period."

Two chapters are devoted to the Diseases of the Newborn, and another to Syphilis—Acquired and Congenital.

Syphilis.

"*Acquired syphilis* is," we are told, "not a very rare condition, but is much less common than the congenital form. The baby is rarely affected by his mother at birth, and more frequently is affected while being nursed. The primary sore is usually on the mouth or lips.

previous page next page