

## EARLY DETECTION OF DISEASE IN THE CHILD.

It is highly important that a mother should possess such information as will enable her to detect disease at its first appearance, and thus insure for her child timely medical assistance. This knowledge it will not be difficult for her to obtain. She has only to bear in mind what are the indications which constitute health, and she will at once see that all deviations from it must denote the presence of disorder, if not of actual disease. With these changes she must to a certain extent make herself acquainted.

### Signs of health.

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The signs of health are to be found, first, in the healthy performance of the various functions of the body; the regular demands made for its supply, neither in excess or deficiency; and a similar regularity in its excretions both in quantity and appearance.

If the figure of the healthy infant is observed, something may be learnt from this. There will be perceived such an universal roundness in all parts of the child's body, that there is no such thing as an angle to be found in the whole figure; whether the limbs are bent or straight, every line forms a portion of a circle. The limbs will feel firm and solid, and unless they are bent, the joints cannot be discovered.

The tongue, even in health, is always white, but it will be free from sores, the skin cool, the eye bright, the complexion clear, the head cool, and the abdomen not projecting too far, the breathing regular, and without effort.

When awake, the infant will be cheerful and sprightly, and, loving to be played with, will often break out into its merry, happy, laugh; whilst, on the other hand, when asleep, it will appear calm, every feature composed, its countenance displaying an expression of happiness, and frequently, perhaps, lit up with a smile.

Just in proportion as the above appearances are present and entire, health may be said to exist; and just in proportion to their partial or total absence disease will have usurped its place.

We will, however, for the sake of clearness examine the signs of disease as they are manifested separately by the countenance, the gestures, in sleep, in the stools, and by the breathing and cough.

Of the countenance.

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In health the countenance of a thild is expressive of serenity in mind and body; but if the child be unwell, this expression will be changed, and in a manner which, to a certain extent, will indicate what part of the system is at fault.

The brows will be contracted, if there is pain, and its seat is in the head. This is frequently the very first outward sign of any thing being wrong, and will occur at the very onset of disease; if therefore remarked at an early period, and proper remedies used, its notice may prevent one of the most fearful of infantile complaints "Water in the Head."

If this sign is passed by unheeded, and the above disease be threatened, soon the eyes will become fixed and staring, the head hot, and moved uneasily from side to side upon the pillow, or lie heavily upon the nurse's arm, the child will start in its sleep, grinding its teeth, and awake alarmed and screaming, its face will be flushed, particularly the cheeks (as if rouged), its hands hot, but feet cold, its bowels obstinately costive, or its motions scanty, dark-coloured, and foul.

If the lips are drawn apart, so as to show the teeth or gums, the seat of the pain is in the belly. This sign, however, will only be present during the actual existence of suffering; if, therefore, there be any doubt whether it exist, press upon the stomach, and watch the eifect on the expression of the countenance.

If the pain arise simply from irritation of the bowels excited from indigestion, it will be temporary, and the sign will go and come just as the spasm may occur, and slight remedial measures will give relief.

If, however, the disease be more serious, and inflammation ensue, this sign will be more constantly present, and soon the countenance will become pale, or sallow and sunken, the child will dread motion, and lie upon its back with the knees bent up to the belly, the tongue will be loaded, and in breathing, while the chest will be seen to heave with more than usual effort, the muscles of the belly will remain perfectly quiescent.

If the nostrils are drawn upwards and in quick motion, pain exists in the chest. This sign, however, will generally be the accompaniment of inflammation of the chest, in which case the countenance will be discoloured, the eyes more or less staring, and the breathing will be difficult and hurried; and if the child's mode of respiring be watched, the chest will be observed to be unmoved, while the belly quickly heaves with every inspiration.

Convulsions are generally preceded by some changes in the countenance. The upper lip will be drawn up, and is occasionally bluish or livid. Then there may be slight squinting, or a singular rotation of the eye upon its own axis; alternate flushing or paleness of the face; and sudden animation followed by languor.

These signs will sometimes manifest themselves many hours, nay days, before the attack occurs; may be looked upon as premonitory; and if timely noticed, and suitable medical aid resorted to, the occurrence of a fit may be altogether prevented.

The state of the eyes should always be attended to. In health they are clear and bright, but in disease they become dull, and give a heavy appearance to the countenance; though after long continued irritation they will assume a degree of quickness which is very remarkable, and a sort of pearly brightness which is better known from observation than it can be from description.

The direction of the eyes, too, should be regarded, for from this we may learn something. When the infant is first brought to the light, both eyes are scarcely ever directed to the same object: this occurs without any tendency to disease, and merely proves, that regarding one object with both eyes is only an acquired habit. But when the child has come to that age when the eyes are by habit directed to the same object, and afterwards it loses that power, this circumstance alone may be looked upon as a frequent prelude to disease affecting the head.

Of the gestures.

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The gestures of a healthy child are all easy and natural; but in sickness those deviations occur, which alone will often denote the nature of the disease.

Suppose an infant to have acquired the power to support itself, to hold its head erect; let sickness come, its head will droop immediately, and this power will be lost, only to be regained with the return of health; and during the interval every posture and movement will be that of languor.

The little one that has just taught itself to run alone from chair to chair, having two or three teeth pressing upon and irritating the gums, will for a time be completely taken off its feet, and perhaps lie languidly in its cot, or on its nurse's arm.

The legs being drawn up to the belly, and accompanied by crying, are proofs of

disorder and pain in the bowels. Press upon this part, and your pressure will increase the pain. Look to the secretions from the bowels themselves, and by their unhealthy character your suspicions, in reference to the seat of the disorder, are at once confirmed.

The hands of a child in health are rarely carried above its mouth; but let there be any thing wrong about the head and pain present, and the little one's hands will be constantly raised to the head and face.

Sudden starting when awake, as also during sleep, though it occur from trifling causes, should never be disregarded. It is frequently connected with approaching disorder of the brain. It may forebode a convulsive fit, and such suspicion is confirmed, if you find the thumb of the child drawn in and firmly pressed upon the palm, with the fingers so compressed upon it, that the hand cannot be forced open without difficulty. The same condition will exist in the toes, but not to so great a degree; there may also be a puffy state of the back of the hands and feet, and both foot and wrist bent downwards.

There are other and milder signs threatening convulsions and connected with gesture, which should be regarded: the head being drawn rigidly backwards, an arm fixed firmly to the side, or near to it, as also one of the legs drawn stiffly upwards. These signs, as also those enumerated above, are confirmed beyond all doubt, if there be present certain alterations in the usual habits of the child: if the sleep is disturbed, if there be frequent fits of crying, great peevishness of temper, the countenance alternately flushed and pale, sudden animation followed by as sudden a fit of languor, catchings of the breath followed by a long and deep inspiration, all so many premonitory symptoms of an approaching attack.

Of the sleep.  
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The sleep of the infant in health is quiet, composed, and refreshing. In very early infancy, when not at the breast, it is for the most part asleep in its cot; and although as the months advance it sleeps less, yet when the hour for repose arrives, the child is no sooner laid down to rest, than it drops off into a quiet, peaceful slumber.

Not so, if ill. Frequently it will be unwilling to be put into its cot at all, and the nurse will be obliged to take the infant in her arms; it will then sleep but for a short time, and in a restless and disturbed manner.

If it suffer pain, however slight, the countenance will indicate it; and, as

when awake, so now, if there is any thing wrong about the head, the contraction of the eye-brow and grinding of the teeth will appear; if any thing wrong about the belly, the lips will be drawn apart, showing the teeth or gums, and in both instances there will be great restlessness and frequent startings.

Of the stools.

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In the new-born infant the motions are dark coloured, very much like pitch both in consistence and appearance. The first milk, however, secreted in the mother's breast, acts as an aperient upon the infant's bowels, and thus in about four-and-twenty hours it is cleansed away.

From this time, and through the whole of infancy, the stools will be of a lightish yellow colour, the consistence of thin mustard, having little smell, smooth in appearance, and therefore free from lumps or white curded matter, and passed without pain or any considerable quantity of wind. And as long as the child is in health, it will have daily two or three, or even four, of these evacuations. But as it grows older, they will not be quite so frequent; they will become darker in colour, and more solid, though not so much so as in the adult.

Any deviation, then, from the above characters, is of course a sign of something wrong; and as a deranged condition of the bowels is frequently the first indication we have of coming disease, the nurse should daily be directed to watch the evacuations. Their appearance, colour, and the manner in which discharged, are the points principally to be looked to. If the stools have a very curdy appearance, or are too liquid, or green, or dark-coloured, or smell badly, they are unnatural. And in reference to the manner in which they are discharged, it should be borne in mind, that, in a healthy child, the motion is passed with but little wind, and as if squeezed out, but in disease, it will be thrown out with considerable force, which is a sign of great irritation. The number, too, of stools passed within the four-and- twenty hours it is important to note, so that if the child does not have its accustomed relief, (and it must not be forgotten that children, although in perfect health, differ as to the precise number,)

Of the breathing and cough

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The breathing of a child in health is formed of equal inspirations and expirations, and it breathes quietly, regularly, inaudibly, and without effort. But let inflammation of the air-tubes or lungs take place, and the inspiration

will become in a few hours so quickened and hurried, and perhaps audible, that the attention has only to be directed to the circumstance to be at once perceived.

Now all changes which occur in the breathing from its healthy standard, however slight the shades of difference may be, it is most important should be noticed early. For many of the complaints in the chest, although very formidable in their character, if only seen early by the medical man, may be arrested in their progress; but otherwise, may be beyond the control of art. A parent, therefore, should make herself familiar with the breathing of her child in health, and she will readily mark any change which may arise.

Whenever a child has the symptoms of a common cold, attended by hoarseness and a rough cough, always look upon it with suspicion, and never neglect seeking a medical opinion. Hoarseness does not usually attend a common cold in the child, and these symptoms may be premonitory of an attack of "croup;" a disease excessively rapid in its progress, and which, from the importance of the parts affected, carrying on, as they do, a function indispensably necessary to life, requires the most prompt and decided treatment.

The following observations of Dr. Cheyne are so strikingly illustrative, and so pertinent to my present purpose, that I cannot refrain inserting them: "In the approach of an attack of croup, which almost always takes place in the evening, probably of a day during which the child has been exposed to the weather, and often after catarrhal symptoms have existed for several days, he may be observed to be excited, in variable spirits, more ready than usual to laugh than to cry, a little flushed, occasionally coughing, the sound of the cough being rough, like that which attends the catarrhal stage of the measles. More generally, however, the patient has been for some time in bed and asleep, before the nature of the disease with which he is threatened is apparent; then, perhaps, without waking, he gives a very unusual cough, well known to any one who has witnessed an attack of the croup; it rings as if the child had coughed through a brazen trumpet; it is truly a tussis clangosa; it penetrates the walls and floor of the apartment, and startles the experienced mother, 'Oh! I am afraid our child is taking the croup!' She runs to the nursery, finds her child sleeping softly, and hopes she may be mistaken. But remaining to tend him, before long the ringing cough, a single cough, is repeated again and again; the patient is roused, and then a new symptom is remarked; the sound of his voice is changed; puling, and as if the throat were swelled, it corresponds with the cough," etc.

How important that a mother should be acquainted with the above signs of one of the most terrific complaints to which childhood is subject; for, if she only send for medical assistance during its first stage, the treatment will be almost

invariably successful; whereas, if this "golden opportunity" is lost, this disease will seldom yield to the influence of measures, however wisely chosen or perseveringly employed.