

SYMPTOMS.—The symptoms of dyspepsia in childhood are both local or direct, and reflex or indirect, and differ widely from those met with in adults. We will take the direct symptoms first: the appetite is capricious and irregular, there being often a craving for unsuitable articles of diet, with distaste for more wholesome but plainer food; hence follows one of the most important symptoms, viz., wasting; simple dyspepsia in adults is rarely associated with much wasting; in children it is necessarily different, for the anorexia at a period of rapid growth must necessarily markedly affect nutrition; at the same time the child is usually pale, irritable and listless, taking little or no interest either in its play or its work.

The tongue is commonly furred with prominent papillæ, and often presents the curious irregular patchy distribution of furred and overclean areas, sometimes termed the mapped or geographical tongue. The bowels are generally costive, but may be irregular, especially in younger children, constipation and diarrhœa tending to alternate. The abdomen is usually distended, and this is the more noticeable owing to the natural prominence of the belly in children from the small pelvic development. Pain, referable either to the stomach or bowels, may be complained of, but is seldom severe in chronic cases.

But besides the direct symptoms, there are others which illustrate very markedly the reflex consequences, which in children so readily result from irritation of any organ, and especially of the stomach, and which, unless rightly interpreted, may be a cause of much trouble in diagnosis and treatment. Headache particularly in the morning, is a very usual symptom, also grinding of the teeth; night terrors may occur in neurotic, excitable children, and may be wrongly and ineffectually treated unless their true cause be understood. Syncopal attacks may undoubtedly be due to dyspeptic conditions, although the possibility of *petit mal* must not be overlooked. A dry, hacking cough is by no means rare, and its significance is frequently misinterpreted. Henoch has pointed out that serious asthmatic symptoms—with cyanosis and rapid breathing—may be due entirely to irritation of the nerves of the stomach in gastric catarrh. Of course more acute gastrointestinal attacks, with severe pain, vomiting and diarrhœa, and often exaggerated reflex symptoms, are particularly apt to supervene in children who already suffer from chronic gastro-enteritis.

DIAGNOSIS.—At times this is clear enough, the local symptoms—loss of appetite, furred tongue, and constipation, with markedly unsuitable diet and defective hygienic surroundings—sufficiently indicate both the disease and its cure, but in many instances there are few conditions which give rise to greater difficulty in diagnosis than that of chronic dyspepsia. The child is brought, perhaps, with a history of wasting and persistent cough; the parents naturally suspect consumption; a physical examination yields somewhat equivocal results, owing to the distinct