

8. Was the labour normal ?
9. Was the child breast fed ? If so, how long ?
10. If not, how was it fed ?
11. What food does it get now ?
12. Had it any rash after birth, or the snuffles ?
13. When did it begin to teeth and to walk ?
14. What is the usual state of digestion and bowels ?
15. Inquire regarding previous illnesses, such as fits (number and dates), attacks of diarrhœa, vomiting, sore throat, bronchitis ; infectious diseases (scarlatina, measles, whooping cough, chicken-pox), when they occurred ?
16. Any discharge from the ears ?

If the child has a cough, enquire if it ever whoops, when the attacks are worst, and if the cough is ever followed by vomiting.

While getting this history, opportunity should be taken to cultivate friendship with the child. You then should proceed to examine the little patient. This requires gentleness combined with infinite patience and good temper. If you, hurry or be rough the child at once begins to cry, and your subsequent work is rendered a thousandfold more difficult, if not impossible. It is almost out of question to be systematic. In the first place, before the child is undressed a number of points can be ascertained. We can study the features, note its complexion, colour of its lips, and whether the *ali nasi* are acting. At this period of the examination count the respiration and pulse. It is very important to get these noted while the child is still undisturbed.

The respirations can be counted by watching the movements of the child's abdomen, that being much more affected by respiration in young children than is the chest. The normal rate of a new born child is about 40 per minute. During the first year they decrease slowly, till at the second year they stand at 30. At the fifth year 25 is about the number. A much more important point is the ratio of respiration to pulse. Normally this should be as 1 to $3\frac{1}{2}$ or 4.

The pulse is best counted by allowing the mother to