

attended with dyspnoea and hungering for air. The smiling of infants while asleep is not always a sign of pleasant dreams, but often an incomplete symptom of an irritation of the intestines or of the brain. A bloated face is shown in disturbances of the circulation, in diseases of the kidneys, or at times also in whooping cough.

A violent dilation of the pupils, with bluish rings around the eyes, is a frequent symptom of inervation. A quick change of color in the face while the eyes are immovable, directed far off, while the eyelids are wide open and rarely wink, is remarkably characteristic of inflammation of the meninges, and this symptom may occasionally furnish the most reliable means of distinguishing between such inflammation and typhoid fever.

We should also give attention to the position of the arms and legs. A healthy nursing baby usually bends its arms in an upward direction, so that its fists come to lie beside the ears. A little child, whose arms hang down loosely, is severely ill. As soon as infants have at all learned to use their arms they regularly place them, if there is pain, on the seat of the pain. In headache they grasp their head; in toothache, they put the hand in the mouth, as also when there is trouble in swallowing and breathing; boring in the nose is considered an indication of irritation in the cerebrum, boring in the ears an irritation of the middle of the brain. Children may also be led to bore in the nose from an irritation in the intestines caused by worms. Grasping after the sexual parts is also considered an indication of irritation caused by worms but it may also point to spasmodic urinary troubles, or to an inflammatory irritation of the cerebellum.

Alternate drawing of the legs upward to the abdomen and then pushing them downward is usually regarded as a sign of flatulent colic or of urinary troubles. Drawing up *one* foot and then pushing it downward, mostly the left foot, while the rest of the body is relaxed, is a con-

sequence of exudation in the brain. Acute peritoneal inflammation is characterized by an immovable position on the back, with legs slightly drawn up to the abdomen. In pleurisy, with inflammatory exudation, the child always lies on the side affected.

The number of respirations is with infants excessively varied. It is to be remembered, however, that it has a fixed relation (13:1 or 4), to the number of the pulsations. Where this proportion holds true, we are safe in excluding an affection of the lungs from the causes of an increase in the respirations. A slower respiration is an attendant symptom of diseases of the brain.

The frequency of the pulsations in infants is subject to even greater fluctuation than that of respiration. A normal frequency of pulsations in the first half year is supposed to be 120-140; in the second half year, 100-130; in the second year, 90-120; from 3-5 years, 72-110; from 6-10 years, 70-100. By crying and in fever the frequency of the pulse is increased by 20-50 pulsations. A retarded and irregular pulse is found most frequently in cerebral troubles, in every kind of jaundice in older children; also in gastric inflammation.

We shall return to the characteristics of the particular diseases in the part specially devoted to this subject.

I shall append some *general directions* as to the *nursing* of sick children.

For a sick room we should always choose a large room, which may easily be heated and ventilated, remote from the noise and dust of the street. Unnecessary furniture should be removed. One window should be kept open night and day. The temperature of the room should not exceed 63° Fahrenheit nor fall below 54°. At night and in winter, therefore, it should be heated so as to secure the above temperature. There should be no feathers in the pillow or bedding. Air, light, and the greatest cleanliness (the latter especially also with respect to what is worn on the body and with respect to the sheets) are to be recommended as the most important

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