

CONTAGIOUS DISEASES, BANE OF CHILDHOOD, DEMAND CARE

Improved Sanitation and Better Methods of Treatment Make Alarms Less Dangerous Than Formerly, With Certain Precautions.

BY SHEBA CHILDS HARGREAVES

CONTAGIOUS diseases are the bane of childhood, though with our improved sanitation and better methods of treatment they are not so dangerous as they were formerly. It is almost inevitable that a child will have many of these diseases, for no matter what precautions are taken to prevent the spread of contagion, it has so far been impossible to keep cases out of the schools. The parent had best take a matter-of-fact attitude toward the diseases, never running into them from the home. Of course, in the case of serious diseases, like scarlet fever or diphtheria, every possible precaution is taken to prevent their spread, but measles and whooping cough, together with mumps and chicken pox, come as regularly as spring.

The lives have been needlessly sacrificed by this neglect. Failure to keep a child suffering from even a mild contagious disease away from other children is the height of selfishness, and yet one frequently hears the familiar whooping cough, even in crowded department stores. It is this criminal selfishness that keeps these diseases going the rounds all the time; no matter what the consequences to other children are, they insist on taking their suffering children on crowded cars or other places where they come in contact with children. For this reason careful mothers have a habit of keeping their children at home as much as possible during the times when serious contagious diseases are prevalent. For, while it is not well to be unduly fearful all the time, still it is wise to avoid exposure as much as possible.

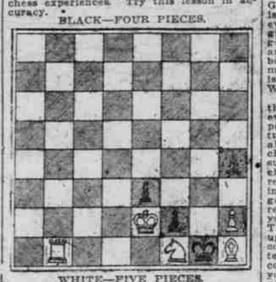
CHESS and CHECKERS

E. H. BRANT, Editor. Contributions of games, endings, problems or items of interest, criticism and club notes solicited. Send direct to 143 For Third street, Astoria, Wash. Chess and Checker club, Washington, D. C., room 101.

PROBLEM NO. 1068. By Joseph Ney Babson, 221 Leary building Seattle, Wash. We are not hoping this will receive favorable attention or consideration; for we know it will, as the author's name for eligibility is thoroughly established. The true test is the amount of happiness and satisfaction you get out of it. It may be ever so interestingly presented, ever so perfect in theory, but what you get out of it depends solely on the initiative and action of your mind. What matter what or what your position in life, chess will benefit you in a multitude of ways. Besides the memory drill, exercises which are an education equal to any; it develops self-reliance, originality and concentration, which must increase your ability along business lines. Calligraphic of the mind.



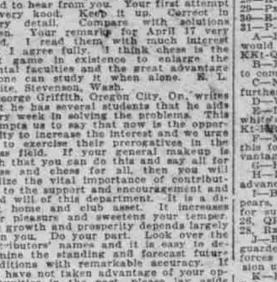
PROBLEM NO. 1067. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.



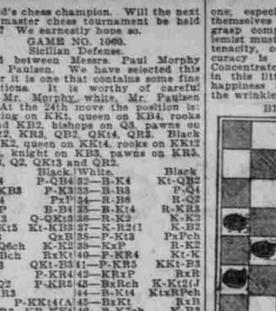
PROBLEM NO. 1069. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.



PROBLEM NO. 1070. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.



PROBLEM NO. 1071. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.



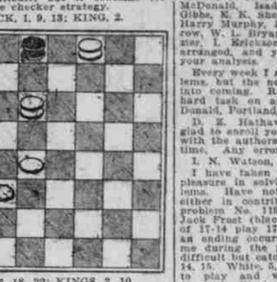
PROBLEM NO. 1072. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.



PROBLEM NO. 1073. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.



PROBLEM NO. 1074. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.



PROBLEM NO. 1075. White to make in three moves. White—King on Q2, Queen on Q3, Knight on Q4. Black—King on Q2, Queen on Q3, Knight on Q4.

Table with columns for dates and names, likely a tournament schedule or results.

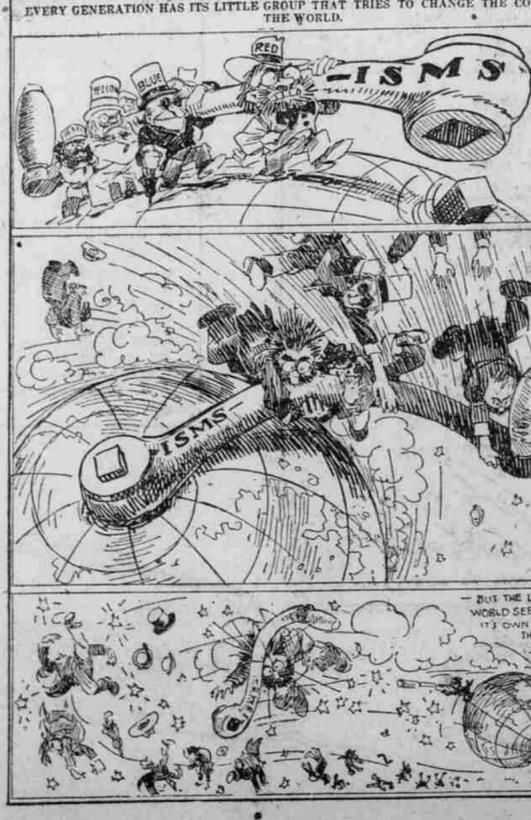
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PICTORIAL SLANTS AT WORLD NEWS DRAWN BY DARLING



Measles is conveyed from the beginning of the attack, often before it is recognized. It is generally two or three days after the first, or catarrhal stage, before the eruption appears. It is seldom carried by a third person, and the poison does not cling long to the sickroom. The period of incubation—that is, the time from the exposure to the attack—is from 9 to 14 days. Occasionally 20 days may elapse. German measles, or rubella, is not contagious as early as measles, but a distinct disease of itself. It rarely makes a child very ill, though the eruption is extensive.

The first symptoms of measles are sneezing and watery eyes and nose. The eruption appears first on the face generally spreads over the whole body. The eyes are usually weak, or the child should be kept in a darkened room. He must be kept warm in order to bring the eruption out well. The danger in measles is in complications, which sometimes terminate in pneumonia. The eyes are sometimes left in a weak condition, or in some cases the kidneys are disturbed, but most children recover from measles with no bad effects. A child with measles should be kept in for two weeks after the rash has gone.

Chickpox is usually little more than an eruption of small pimples over the surface of the body, which later dry, forming crusts. It seldom makes a child ill. The incubation period is from 14 to 16 days and the child should be isolated until the crusts have entirely disappeared, which would be about three weeks after the first appearance of the eruption.

Mumps is a painful swelling of one or both parotid glands. These glands are located just below and in front of the ears. The incubation period of mumps is from 5 to 20 days. The child should be kept warm and quiet, so as to prevent complications. The diet will, of course, be confined to fluids for some time.

The ancient Greeks are said to have recognized whooping cough. It is certain they recognized it if the population suffered with it, for it is characterized by a peculiar barking cough, which ends in a loud whoop as the child struggles for breath. It is one of the most distressing diseases of childhood and every possible precaution should be taken to prevent its spread. It is a communicable disease from the commencement of the catarrhal stage to a period about two weeks after the whooping has ceased. It is seldom contracted except by direct exposure, though a third person who came directly from a patient without a change of clothing might carry it. The period of incubation is from 10 to 18 days. If contracted in the spring and summer it is apt to be milder than during the winter months. It is supposed to run its course in about six weeks, though the period is not the same in any two cases. In severe cases it is often accompanied by vomiting and nosebleed. The disease must run its course, though a physician can help to modify or lessen the paroxysms of coughing. The child is best kept as much as possible in the open air. Food should be very light in character and easily digested.

Scarlet fever is often not serious if given proper care, but there is no knowing what turn a case will take. It is possible to contract the disease in a severe case, which may result fatally, from a child who is not sick enough to be in bed; in fact, it is carelessness on the part of those suffering from the disease that admits of its spreading. Fortunately, scarlet fever and diphtheria are not as contagious as the other diseases and are much more easily controlled by quarantine. The period of incubation in scarlet fever is from two to five days, and in diphtheria it varies from a single day to two weeks.

If there is a suspicion that a child is suffering from any contagious disease it is wise to call a physician. Sometimes it is difficult to determine just what it is, and then, too, different cases require different lines of treatment. It is wiser to call a physician a good many times when he is not actually needed than to fail to do so once when he is needed. Many lit-