The diseases of infants and children and their homoeopathic and general treatment / by E. Harris Ruddock.

HOMŒOPATHIC TREATMENT OF INFANTS AND CHILDREN

DR RUDDOCK.

THE
DISEASES OF INFANTS AND CHILDREN

AND THEIR

HOMŒOPATHIC AND GENERAL TREATMENT

BY

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FOURTH EDITION, REVISED AND ENLARGED,

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PREFACE TO THE FIRST EDITION.

After long but unavoidable delay this Manual on children's diseases is sent forth on its errand. It makes no pretensions to be an exhaustive treatise, to write which the author has not had sufficient time at his disposal; it is simply a practical contribution to the alleviation and cure of those diseases which are of most frequent and fatal occurrence. The book is intended to be a companion-volume to the "Lady's Manual of Homœopathic Treatment." Taken together, they deal with subjects of the highest importance to individuals, to families, and to the community at large. From healthy mothers and a healthy progeny—sound in mind and body—we may expect future generations of healthy men and women.

The present work is, from beginning to end, based on *preventive* as well as curative treatment. The author, having great faith in the principles and practice enunciated, anticipates the best results from its publication, whenever its hygienic and medical prescriptions are fairly adopted and persistently carried out.

In the treatment of children there is much to encourage the practitioner. Their diseases are generally uncomplicated by internal organic changes, and by those deep and complex disorders of nutrition which result from the abused organs or over-used brains of the middle-aged, or of those degenerative changes which are to be found in the body during the decline of life. Neither are children liable to that emotional *depression* which often tells so disastrously on the recovery of adults. With them memory has nothing regretful to recall, and, after an illness, hope rises with exultant wing.

They live emphatically in the present, and are exempt from the despondency which, in mature life, is apt to attend reflections on the *past* or anticipations of the *future*.

Sometimes, however, the desired victory is not gained: disease triumphs, and a young life is lost, leaving a blank in the domestic circle which cannot soon be filled. The silence that reigns in the house, the vacant nursery, the unused toys, the treasured clothing, all speak eloquently and mournfully of the loss which is sustained by the bereaved household, and which frequently awakens the deep sympathy of the physician whose skill and care have been frustrated. Happily, the reverse of this generally happens, and the agony of suspense,—so exquisitely expressed by David, "Who can tell whether God will be gracious unto me, that the child may live?"—is relieved, and the child, just now so seriously ill, recovers, to make his parents happy, perhaps to accomplish a great work, and to leave a name in which posterity will rejoice.

The book is not simply a combination from other works of the author. Some of the sections are entirely new; and in all of them important additions and alterations have been made, so as to bring the work abreast with the most recent advances in medicine; while such special points on diagnosis and treatment have been introduced as are calculated to render the Manual a useful guide to the treatment of the diseases of infancy and childhood.

The author has much pleasure in acknowledging his indebtedness to Dr. Lade for very effective help. He has read over a large portion of the work in manuscript, and added some valuable notes, which will be found in various parts of the Manual. It is sent forth with the earnest hope that it may prove a boon to many little ones.

E. H. RUDDOCK.

EDITOR'S PREFACE.

THE alterations and additions which I have made in this work on "The Diseases of Infants and Children" are such as I believe Dr. Ruddock would have effected had his life been spared. They are all, with the exception of a few notes, incorporated in the text, without any distinguishing marks, as I consider that the small and unimportant part which I have taken in revising and superintending the publication of the work did not warrant me in seeking to appropriate, by a frequent obtrusion of my name in its pages, any of the well-earned reputation of its lamented author.

Any merit, therefore, which this may be found to possess over the preceding editions of the book, I desire to place affectionately upon the tomb of my departed friend. All its deficiencies, for which I alone am responsible, I must leave to the kind indulgence of the critical reader.

GEORGE LADE.

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THE

DISEASES OF INFANTS AND CHILDREN.

PART I.

INTRODUCTORY.

CHAPTER I.

THE MEDICINES.

1.—Medicines Recommended for Children.

A CHEST containing the necessary homœopathic medicines for the treatment of infantile diseases should be always kept in readiness in every house in which there are children. The importance of this recommendation will be fully apparent when the peculiarities of the organism of the little patients are considered.

Active Circulation.

In consequence of the activity of the vital powers, and the quickness and force of the circulation, there is a remarkable susceptibility to inflammatory action in children, so that many of their diseases rapidly run on to organic and incurable mischief.

Prompt Administration.

The earliest recognition of an approaching illness, and the most prompt application of treatment, are therefore of the greatest importance. Neglect or delay may prove most

disastrous to life, while a few doses of an appropriate remedy timely administered will often be alone sufficient to arrest the morbid process, or they will afford temporary relief till the arrival of a homœopathic physician, or, if there be not one near, till one can be consulted by letter.

Perseverance. In the treatment of infants, perseverance and watchfulness are necessary. Patient attention should be given to the investigation of every ailment, and no case should ever be abandoned as altogether hopeless. It is well known that children often recover from the most severe diseases, and, in the great majority of instances, especially if taken in time, the balance will quickly turn in the right direction.

The absence of nauseousness from homœopathic medicines is an advantage which mothers can appreciate who have witnessed the natural and proper disgust of children to draughts and pills. The agreeableness of the remedies is, however, only a minor advantage of the treatment.

Forms of Medicines. The medicines used in homœopathic practice are prepared in different forms —*Globules*, *Pilules*, *Tinctures*, and *Triturations*. Globules are now almost wholly superseded by Pilules; and Triturations are seldom used except in professional practice. A description of the different forms may be found in *The Stepping-stone to Homœopathy and Health*, pages 60, 61 (170th thousand); and in the *Vade Mecum of Modern Medicine and Surgery*, pages 76, 77.

2.—List of Remedies Recommended for Infants and Children.

	NAME.	ABBREVIATION.	ATTENUATION.
1.	Acidum Muriaticum	*Acid.-Mur.*	3x
2.	Acidum Phosphoricum	*Acid.-Phos.*	3x
3.	Aconitum Napellus	*Acon.*	3x
4.	Ailanthus Glandulosa	*Ailanth.*	1
5.	Ammonium Carbonicum	*Ammon.-Carb.*	1
6.	Antimonium Tartaricum	*Ant.-Tart.*	3x
7.	Antimonium Crudum	*Ant.-Crud.*	3x
8.	Apis Mellifica	*Apis*	3x
9.	Argentum Nitricum	*Arg.-Nit.*	4
10.	Arnica Montana	*Arn.*	3x
11.	Arsenicum Album	*Ars.*	3x
12.	Arsenicum Iodidum	*Ars.-Iod.*	3x
13.	Aurum Metallicum	*Aur.-Met.*	5
14.	Baptisia Tinctoria	*Bapt.*	1x
15.	Belladonna	*Bell.*	3x
16.	Bromium	*Brom.*	1
17.	Bryonia Alba	*Bry.*	3x
18.	Calcarea Carbonica	*Calc.-C.*	5
19.	Calcarea Phosphorata	*Calc.-P.*	3x
20.	Cantharis Vesicatoria	*Canth.*	3x
21.	Carbo Vegetabilis	*Carbo V.*	5
22.	Chamomilla Matricaria	*Cham.*	3x
23.	China Officinalis	*Chin.*	3x
24.	Cina Anthelmintica	*Cin.*	3x
25.	Coffea Cruda	*Coff.*	3x
26.	Colocynthis	*Coloc.*	3x
27.	Croton Tiglium	*Crot.-T.*	6
28.	Cuprum Metallicum	*Cup.-M.*	5
29.	Drosera Rotundifolia	*Dros.*	3x
30.	Dulcamara	*Dulc.*	3x
31.	Euphrasia Officinalis	*Euph.*	1
32.	Ferrum Iodidum	*Ferr.-I.*	3x
33.	Gelseminum Sempervirens	*Gels.*	3x
34.	Glonoine	*Glon.*	3x
35.	Graphites	*Graph.*	5
36.	Guaiacum	*Guaia.*	1
37.	Hamamelis Virginica	*Ham.*	1
38.	Helleborus Niger	*Hell.*	3x
39.	Hepar Sulphuris Calcareum	*Hep.-S.*	3x

	NAME.	ABBREVIATION.	ATTENUATION.
40.	Hyoscyamus Niger	*Hyos.*	3x
41.	Ignatia Amara	*Ign.*	3x
42.	Iodium	*Iod.*	3x
43.	Ipecacuanha	*Ipec.*	3x
44.	Iris Versicolor	*Iris*	1
45.	Kali Hydriodicum	*K.-Hyd.*	3x
46.	Kreasotum	*Kreas.*	3x
47.	Mercurius Biniodatus	*Merc.-Bin.*	3x
48.	,, Iodatus	*Merc.-Iod.*	2x
49.	,, Corrosivus	*Merc.-Cor.*	3x
50.	,, Solubilis	*Merc.-Sol.*	3x and 6x
51.	Nux Vomica	*Nux V.*	3x
52.	Opium	*Opi.*	3x
53.	Phosphorus	*Phos.*	3
54.	Podophyllum Peltatum	*Podoph.*	1x
55.	Pulsatilla Nigricans	*Puls.*	3x
56.	Rhus Toxicodendron	*Rhus*	3x
57.	Rheum	*Rheum*	1
58.	Silicea	*Sil.*	6
59.	Spongia Marina Tosta	*Spong.*	3x
60.	Sulphur	*Sulph.*	3
61.	Veratrum Album	*Verat.-A.*	3x
62.	,, Viride	*Verat.-V.*	3x
63.	Zincum	*Zinc.*	5

Camphor should also be procured, but kept separate from the rest.

External Remedies.—The following remedies, in strong tinctures, will be found invaluable for the accidents to which children are liable:—

Arnica, Calendula, Cantharis, and Rhus Toxicodendron.

The Twenty-four Chief Remedies.

In case it is inconvenient to procure a large chest containing all the above remedies, a smaller one filled with the following remedies should be kept in the house:—

	NAME.	ABBREVIATION.	ATTENUATION.
1.	Aconitum Napellus	*Acon.*	3x
2.	Arnica Montana	*Arn.*	3x

	NAME.	ABBREVIATION.	ATTENUATION.
3.	Arsenicum Album	*Ars.*	3x
4.	Belladonna	*Bell.*	3x
5.	Bryonia	*Bry.*	3x
6.	Calcarea Carbonica	*Calc.-C.*	5
7.	Calcarea Phosphorata	*Calc.-P.*	3x
8.	Chamomilla Matricaria	*Cham.*	3x
9.	China Officinalis	*Chin.*	3x
10.	Cina Anthelmintica	*Cin.*	3x
11.	Coffea Cruda	*Coff.*	3x
12.	Drosera Rotundifolia	*Dros.*	3x
13.	Gelseminum Sempervirens	*Gels.*	3x
14.	Hepar Sulphuris Calcareum	*Hep.-S.*	3x
15.	Ipecacuanha	*Ipec.*	3x
16.	Mercurius Solubilis	*Merc.-S.*	6
17.	Nux Vomica	*Nux V.*	3
18.	Phosphorus	*Phos.*	3
19.	Pulsatilla Nigricans	*Puls.*	3x
20.	Rhus Toxicodendron	*Rhus*	3x
21.	Silicea	*Sil.*	6
22.	Spongia Marina Tosta	*Spong.*	3x
23.	Sulphur	*Sulph.*	3x
24.	Veratrum Album	*Verat.*	3x

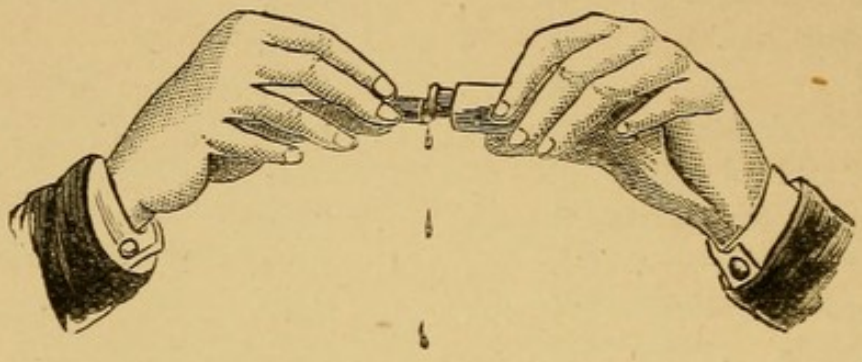
If the foregoing remedies are kept in Pilules or Globules the attenuation of some of them must be slightly modified, according to the discretion of a qualified chemist.

3.—Directions respecting the Medicines.

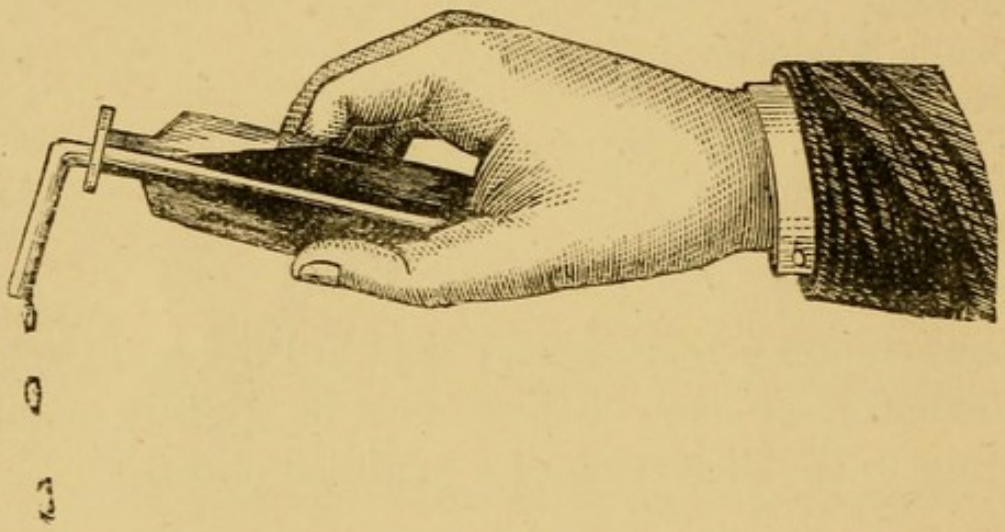
Pilules or globules may be taken dry on the tongue, but it is better, when convenient, to dissolve them in pure soft water.

If tinctures are used, a little practice is necessary to drop them with accuracy. Before removing the cork, invert the bottle so as to wet the end of the cork. The required quantity should be dropped into the bottom of a glass by holding the bottle in an oblique manner, with the lip resting against the middle of the end of the cork

(see illustration), when the tincture will descend and drop



from the lower edge of the cork; or a piece of solid glass, about $\frac{1}{16}$ of an inch diameter, bent at a right angle, and introduced into the bottle, will so enable the most timid to drop the tinctures with exactness.[1]



Water, in the proportion of a dessert-spoonful to a drop, should then be poured upon the medicine. For infants who object to cold water, the spoon may be warmed by dipping it in hot water, and then the medicine added to about half a teaspoonful of water. The vessel should be scrupulously clean, and, if the mixture has to stand some time after being made, it should be covered over with a saucer or sheet of note paper. The spoon should be always

[1] Drop Conductors for the above purpose can be obtained of the homœopathic chemists.

wiped after being used, and put away in a clean place till again required. Fine glazed earthenware or glass spoons are the best for this purpose. If the medicine has to be kept several days, cold boiled water should be employed, and the mixture put into a *new* bottle, particular care being taken that the cork is new and sound. To protect the medicines from light and dust, and to distinguish them from other liquids, graduated earthenware medicine-cups, with covers, specially made for this purpose, are the best, and may be procured of any homœopathic chemist.

Hours.—The most appropriate times for administering the medicines, as a rule, are—on rising in the morning, at bedtime, and if oftener prescribed, about an hour before or after a meal.

The Dose.—In determining the quantity and strength of doses, several circumstances require consideration, such as age, sex, habits, nature of the disease, organ involved, and susceptibility to the medicine. As before stated, the circulation of children is quicker than that of adults, and the nervous system more impressible; the dose has therefore to be regulated by these peculiarities.

With the above exceptions, and allowing for any peculiarity of constitution, the following general directions may be given as to the dose:—

One drop of Tincture or two Pilules. For young infants, one half or one third the above quantities.

A Pilule, or one drop, is easily divided into two or more doses, by mixing it with two or more spoonfuls of water, and giving one spoonful for a dose.

Repetition of Doses.—In this matter we must be guided by the acute or chronic character of the malady, the urgency and danger of the symptoms, and the effects

produced by the medicines. In violent and acute diseases, such as Croup, Convulsions, etc., the remedies may be repeated every fifteen, twenty, or thirty minutes; in less urgent cases, every two, three, or four hours. In chronic maladies the medicine may be administered every six, twelve, or twenty-four hours. In all cases when improvement takes place, the medicines should be taken less frequently, and gradually relinquished.

CHAPTER II.

GENERAL DIRECTIONS FOR THE MANAGEMENT OF INFANTS.

Before commencing a description of the most common diseases of infants and children, we think it necessary to offer some general instructions on the management of early infancy, touching on points which may appear to be of only minor importance, but which have a most important bearing on the *prevention* of infantile disease and mortality.

4.—The Newly-born Infant.

As an illustration of helpless weakness, nothing can exceed that which an infant presents at birth. The little thing requires aid of every kind, and if abandoned it soon perishes.

If an infant be born before the doctor's arrival, it should receive the attentions pointed out in the section

on "Labour" in the LADY'S MANUAL (Sec. 57). If the child is healthy and strong, it will cry vigorously; for the transition from a condition of unconscious repose, in a bland fluid, at a temperature of 98° Fahr., to the contact of rough clothes, and a comparatively cold temperature, cannot be agreeable. The act of crying helps to fill the lungs with air, and thus the functions of breathing and pulmonary circulation become established.

The First Wash.

As soon as breathing has fairly commenced, and the navel-string been tied, the infant should be enveloped in soft warmed flannel, and, everything being ready beforehand, immediately washed, and as quickly as possible. *Immediately*, for the skin requires cleansing from the tenacious fluid which adheres to it at birth, in order that healthy transpiration may be established. A new-born child is often allowed to remain a long time before it is washed, and even then it is not always washed *quickly* and skilfully, so that it shivers, and its skin becomes blue before it is placed by its mother's side.

Before commencing the process of washing, the eyes should be carefully wiped with a piece of moist soft linen, then the rest of the body should be cleansed by means of a fine sponge, with warm water and a little soap, and carefully dried with a soft warmed towel. If the unctuous matter be considerable or very adhesive, a little fresh lard rubbed upon the skin previously to the application of the soap and water will render its entire removal an easy operation. As soon as the cleansing is completed, a little violet powder—finely powdered, scented starch—may be dusted lightly on the surface, especially in the creases of the joints.

Dressing the Navel.[1]

This is to be done by folding a piece of soft linen into four or six thicknesses, about six inches by three, and cutting a hole through the centre for the remnant of the cord, winding around it a strip of soft linen; then one half of the folded linen should be doubled over the other half so that the portion of cord lies between the folds, and directed upwards towards the chest; the whole is to be kept in apposition by a band, about four inches wide, passed gently around the child's abdomen, and worn till the remnant of the cord comes away, which is usually about the sixth or seventh day. The separation of the cord may be hastened by the application of a small piece of scorched rag to the juncture of the cord and navel. Until this separation is effected, great care should be exercised not to disturb the dressing during washing.

Presenting the Infant to the Breast.

As soon as the mother has somewhat recovered from the exhaustion of labour, the infant should be put to the breast. The application of the child to the maternal font at once often prevents, or much diminishes, the disturbances incident to the coming of the milk; it also tends to appease the wants of the infant, and enables it better to grasp the nipple than when the breast is over-distended or hard with the milk; further, by its favouring contraction of the womb of the mother, the probability of secondary uterine hæmorrhage, and also the chance of what is called "Milk-fever," will be much lessened.

Immediately after being dressed, the infant should be laid in its mother's bosom, and not, as is too often the case, placed by itself in a cradle, where it is in danger of being too cold. As a general rule, for the first few days

[1] See also "Ruptured Navel," Chapter VI.

it should sleep in the same bed with its mother, especially during cold weather; afterwards it should sleep in a cradle or cot.

Milk in the Breasts the First Day.

It is affirmed by some nurses that until the third day after labour the breasts contain no milk, and that a substitute—gruel or some other farinaceous preparation—is necessary. In the great majority of cases, milk, sufficient for all the requirements of the infant, is present on the first day, and the only thing necessary to be done is to apply the child's mouth to the nipple. Should there be no milk at the moment, the suction of the infant, which is the natural mammary stimulant, will hasten the secretion; while, as we have elsewhere stated, the suction promotes the necessary uterine contractions which are favourable to the mother. If, after repeated attempts, in eight or nine hours, there be no breast-milk drawn, the child may have, until the secretion be fairly established, cow's milk, diluted with warm water (two-thirds milk to one-third *warm* water), *without* the addition of sugar. The milk should not be boiled, nor should the water added to it be too hot; for in either case the albumen is liable to be coagulated, and the milk rendered less digestible. The administration of any kind of farinaceous food, sugar, butter, or *gin*, to the new-born infant is not only unnecessary, but is likely to prove of incalculable mischief.

5.—Still-born Infants.

Children are sometimes born *apparently dead*, and if means are not quickly adopted, this condition may pass into one of real and permanent death. But so long as the heart continues to beat, even but feebly, there is a probability that well-directed efforts will be successful in exciting breathing.

Causes.—Constitutional feebleness, so that the effort necessary to commence breathing cannot be made; obstructed circulation during labour by pressure or twisting of the navel-string; too long-continued compression of the head; tenacious mucus in the mouth and throat, preventing the entrance of air, etc.

Treatment.—The first efforts to promote breathing are to be made before the navel-string is divided. Obstructive mucus should be carefully wiped away from the mouth and throat, and the general surface exposed to cold air; an attempt should then be made to excite the function of breathing by blowing in the infant's face, sprinkling cold water with some little force on the face or chest, or alternately cold and hot, and by giving several smart blows with the hand, or with the corner of a towel wetted with cold water, on the buttocks, back, and chest. The back and limbs should be well rubbed, while the face is *freely exposed to the air*.

The following is another capital method of exciting breathing:—Close the infant's nostrils by the finger and thumb, press the windpipe gently backwards, and then blow into the mouth, so as to drive the air into the lungs; afterwards press the ribs together, so that the lungs may expel the air. This process should take place about fifteen times in one minute, and if persevered in, is most likely to be successful in a short time. Meanwhile the body should lie on a flat surface, and be well rubbed with warm flannels, and the head not suffered during these efforts to fall on the chest.

If these means are not successful, and pulsation has ceased in the navel-string, it should be divided as before directed, and the infant plunged into a warm bath, 98°

Fahr., or what is agreeable to the back of the hand. If the sudden plunge does not excite breathing, it will be no use keeping the infant in the bath beyond a minute or two, and Dr. Marshall Hall's ready method may then be tried as follows:—

"Place the infant on its face; turn the body gently, but completely, *on the side and a little beyond*, and then on the face, alternately; repeating these measures deliberately, efficiently, and perseveringly, fifteen times in the minute only."

6.—Washing and Bathing.

Cleanliness is of great importance to the healthy growth of children. An infant in health should have a tepid bath twice in the twenty-four hours—morning and evening. The best method is to dip the baby into a bath of tepid water, while the head is supported by the hand and arm of the nurse, and then have the whole surface of the skin rapidly rubbed with a soft soaped sponge or piece of flannel; next again immerse the body in the bath, and then quickly and thoroughly dry with a fine warm towel.

Cold Water Bathing.

During warm weather, tepid bathing should not be continued beyond one or two months, after which it should *gradually* give place to cold. *Feeble* infants may require tepid bathing somewhat longer. For children born in the winter, the lukewarm bath may be continued till the return of warm weather, when the change to cold should be made. Except as above stated, warm bathing is to be emphatically condemned. The use of cold water, on the other hand, affords a great protection to children against excessive sensibility to atmospheric changes. But no child should have a cold bath oftener than once a day.

7.—The Warm Bath.

The *warm* or *hot bath* is best given in the following way: the child should be immersed in warm water up to the neck, and directly afterwards affusions, or a towel or a sponge squeezed out of cold water, applied to the head; the cold towel or sponge may be applied for two or three minutes, but the patient kept in the bath for five or ten minutes. The temperature of the water for a *hot* bath should be about 98° to 100°, or what can be agreeably borne by the back of the hand, and for a *warm* bath, about 90°; the temperature should be *fully maintained*, by additions of hot water carefully poured down the side of the bath till the child is taken out. The bath should be given in front of a good fire, and a warmed blanket be in readiness to wrap the child in directly he leaves the bath.

The warm bath is of great value in many affections of children, especially in febrile diseases; in spasmodic affections of the bowels, or bladder; in Prurigo, Tetanus, and in Convulsions. In the last-mentioned disease it draws the blood from the overloaded brain to the general surface of the body, and by equalising the circulation relieves the local condition. In fevers it calms the nervous excitement, and is often followed by healthy sleep.

8.—Clothing.

Besides adapting it to the season, the clothing should be loose, soft, light, warm, arranged to fit without pins, and to cover the legs, arms, and neck. After the separation of the navel-string, a belt, stays, etc., are unnecessary.

When a baby is divested of its long clothes, it is in danger of being insufficiently clad, the danger increasing

when it can run alone and is more exposed to atmospheric influences. It cannot be too strongly impressed upon those who have the charge of children, that the practice of leaving parts of the body exposed which, in the case of adults, it is found necessary to clothe warmly, especially the lower limbs and abdomen, is a frequent cause of retarded growth, mesenteric disease, Consumption, etc.

Warmth is of prime importance for children of all ages, and especially so for newly-born infants. Warm clothing should cover the whole body. But in hot weather it is of prime importance to keep children cool, for Diarrhœa and other summer complaints may be thus to a great extent avoided. Excess of clothing, night or day, is to be guarded against, and the use of flannel in contact with the skin is unnecessary.[1] The clothing, too, should be scrupulously *clean*, and all soiled and wet articles immediately changed. Caps are unnecessary; the aim should be rather to "keep the head cool and the feet warm." In all cases the night clothing should be looser and less warm than that worn in the day. It is also important that the dress should not impede the free movements of the limbs, or exert pressure on the digestive, breathing, or circulatory organs.

9.—Sleep.

A Child should sleep alone.

Except in earliest infancy, or in the case of infants prematurely born, or constitutionally feeble, or during very cold weather, it is advisable that they should sleep apart from the mother or nurse, in a cot, care being taken that they are warmly but not excessively covered.

[1] There is much difference of opinion amongst medical men as to the use of flannel. I cannot agree with the author.—G. L.

Not only infants, but children of both sexes should, if possible, sleep alone.

Amount of Sleep.

During the first few months after its birth a healthy infant spends the chief part of its time in sleep. Even up to about the third year a mid-day sleep is beneficial.

Regularity.

He should be fed, and put to bed, at stated hours, as regularity is of the greatest importance in all matters pertaining to children.

No Rocking.

When the time for sleep arrives, infants should be placed directly into their cot awake; the unnecessary and objectionable habit of rocking or nursing them to sleep in the arms should never be formed. Neither should ordinary footsteps, speaking, or other moderate sounds be avoided, but the infant should be accustomed to sleep under such conditions.

Sleeping Medicines.

All the so-called soothing remedies, syrups, cordials, spirits, or sleeping drops, should be strictly avoided, containing as they do, to a greater or less extent, *Opium* in some of its forms. These sleeping-mixtures inflict an incalculable amount of mischief on health, and largely swell infantile mortality. No medicines to promote sleep should ever be given except such as are prescribed in the section on "Sleeplessness."

Ventilation.

Pure fresh air is of extreme importance to children during sleep. Nurseries should be as spacious and airy as possible. The practice of shutting bedroom doors is objectionable, if the children can be protected from draught. A great advantage to health is secured by separate night and day nurseries; but where this is impracticable, the children should be out of the

nursery a great deal, and every opportunity seized for promoting ventilation, by opening doors and windows at all suitable times.

10.—Open-air Exercise.

Children require fresh air and sunlight as much as plants and flowers do; and as the latter are colourless and imperfect if excluded from direct sunshine, so children who live in places where light does not abundantly enter are pale and feeble. In fine weather, an infant over a month old should be taken out at least twice a day; the only precaution necessary being that it should be sufficiently clothed. In warm, sunny weather, the more it is in the open air the better, if care be observed to protect the head from the hot sun. In short, a child should almost live out of doors during suitable weather. Plenty of exercise in the open air is necessary for the healthy development of the limbs and body generally. Suitable athletic games and exercises should form a part of the early education of all children, and these games and exercises should take place in the open air, except during inclement weather, when they may be carried out in spacious, well-ventilated rooms.

11.—Feeding.

No point is of higher importance in the rearing of children than the proper management of their meals and meal-hours. Errors in feeding probably rank first among causes of infantile disease and mortality.

Breast Milk. Maternal milk is the sustenance provided by nature for the infant, and as yielded by healthy mothers is superior to all artificial substitutes; and suckling is the best method of feeding.

No Additions.

When the mother enjoys good health, and has a sufficient quantity of milk, an infant requires and should have no other food but breast-milk until from the sixth to the ninth month. Even during the first day or two, the breast usually furnishes sufficient nourishment. The too-common practice of giving butter and sugar, gruel, etc., to a new-born babe should be strictly interdicted as an uncalled-for act of cruelty. Should the formation of milk be unusually long delayed, a little new cow's milk (unboiled), diluted with an equal quantity of warm water, may be given until the function of the breast becomes established. For the first five or six weeks the infant should be applied to the breast at regular intervals of two hours and a half during the day, and at longer intervals, if possible, during the night; but after the first two or three weeks he should be accustomed to remain without food from about 11 p.m. to 5 a.m. It is important, too, that the infant should suck from each breast alternately. Regular habits of feeding may be soon acquired; and it is a great mistake, and the cause of wind, colic, and other disorders, to give the infant the breast whenever it cries, or to let it be always sucking.

Diet for a Nursing-Mother.

A nursing mother or wet-nurse does not require an extra or a rich dietary, but discrimination in the selection of her food. To overload the stomach, or to eat indigestible articles, would occasion digestive derangements, to the injury of the infant as well as herself. The meal-hours should be regular, and late meals avoided. The thirst to which nursing mothers are liable is best appeased by milk-and-water, barley-water, toast-and-water, and similar beverages.

Regimen of Wet-Nurses.

The regimen and diet of a wet-nurse should as near as possible resemble those she has been previously accustomed to. A woman of active duties and frugal diet is certain to suffer in her health if she suddenly relapses into a life of indoor idleness, and takes a too abundant supply of food, and such beverages as ale or stout. A wet-nurse taken from industrial pursuits should continue to perform at least light duties, or take a large amount of regular open-air exercise. The use of stimulants is injurious, and if taken to cause a good supply of milk may result in disappointment or debility, and bring on a host of evils from which the infant cannot escape.

Should a nursing-mother begin to suffer from headache, dim sight, dizziness, shortness of breath, palpitation, or night-sweats, it is evident that nursing exhausts her, and should be discontinued. If a wet-nurse suffer from similar symptoms, the child should be at once taken from her.

The diet of infants being of great moment to their well-being, we shall devote the following chapter to the further consideration of the subject.

CHAPTER III.

EXAMPLES OF DIETARY FOR HEALTHY CHILDREN, AT DIFFERENT AGES.[1]

In consequence of the vital importance of the diet of children, as furnishing materials for the maintenance of health, and for growth and development, we deem it

[1] Also see "Essentials of Diet; or, Hints on Food in Health and Disease," by the author of this work.

necessary to give detailed examples of dietary adapted to infants and older children at ages when they are most likely to be improperly fed, and when the consequences of such feeding are sure to tell disastrously: namely, 1st, from birth to six months old; 2nd, from six to twelve months; 3rd, from twelve to eighteen months; and 4th, from eighteen months to two years, and upwards. As it is impossible to make one invariable rule applicable to the different constitutions and requirements of children, it is scarcely necessary to add that the quantities stated in the following arrangements are only approximative. But the amounts of farinaceous food stated will generally be found sufficient.

As the diet suitable for children *suffering from disease* is pointed out in the various following Sections of this Manual, it is not described in the present Section.

12.—For the First Six Months.

Diet 1.—We commence by stating emphatically that children who enjoy their inalienable right to maternal breast-milk, assuming this to be suitable in quality and sufficient in quantity, require *no other food*. The infant should be applied to the breast every two hours and a half during the day for about the first six weeks; afterwards only once in every three or four hours. But he should not be awakened from sleep to be fed. After about the first month it will not be necessary to give the breast at all between the hours of 11 p.m. and 5 or 6 a.m. The early commencement of this arrangement is very important, as it affords the opportunity for that regular, undisturbed repose, which contributes much to the well-being of both mother and child.

DIET 2.—For children brought up by hand, cow's milk, assimilated to human by dilution with water, and the addition of *Sugar-of-milk*, is the best substitute for maternal milk. One ounce of *Sugar-of-milk* dissolved in three quarters of a pint of boiling water, and mixed, as wanted, with an equal quantity of good new cow's milk,[1] should be given from the feeding-bottle at the same intervals as recommended for maternal nursing.

Feeding Bottles.

No greater comfort has ever been invented for children, whether partially or entirely brought up by hand, than the modern feeding-bottle with elastic tube, but great care is required in the use of it. Absolute cleanliness is of the utmost importance, as any neglect of this is likely to produce illness.

As soon as the meal is over, the tube should be removed from the child's mouth. He should not be allowed to fall asleep with it in his mouth. The bottle and teat should be thoroughly washed after each meal, and the former always kept in a basin of cold water when not in use. It must be repeated that a *sweet feeding-bottle* is of the greatest importance. It is well to have two bottles, so that one can be cleansed while the other is in use. Neglect of scrupulous attention to the feeding-bottle is a frequent cause of Indigestion, Marasmus, Thrush, etc.

DIET 3.—If from poverty or scantiness of the breast-milk, a combination of nursing and feeding is necessary, the breast should be given twice a day. For the other

[1] Milk as sold in towns, being often largely mixed with water, requires a smaller proportion of the latter to be added by the nurse. If good milk cannot be obtained, the *Condensed Milk* may be tried; but this often contains an excess of cane-sugar which is absolutely injurious.

meals the child should be fed on the diluted Sugar-of-milk and unskimmed cow's milk, as prescribed in the previous paragraph ; or the artificial diet may consist of new cow's milk diluted with about one-third of warm water, so as to bring the temperature to that of breast-milk. This diet is infinitely preferable to any variety of starch-food, and to the ill-selected additions to maternal milk often supplied at the fifth or sixth month. The popular notion that two milks do not agree is not sustained either by chemistry or practical investigation.

The result of hand-feeding may be accurately determined by the child's gradually increasing in weight from 200 to 400 grains daily.

If the child does not thrive on this diet, he may, after three or four months old, have milk in which a small quantity of gelatine and arrowroot have been boiled.

Starch Foods Unsuitable.

Starch is not necessary to the infant, for breast-milk contains none. Starch requires, before it can be digested and absorbed, to be converted into a soluble substance called *dextrine*, which can only be effected by the starch being ground up and mixed with saliva. But as the child has now no teeth, and much of the saliva dribbles away, starch-food passes into the stomach unmixed with its natural solvent, and therefore is insoluble and indigestible. "It is easy, then, to understand how an insoluble mass of boiled bread, gruel, arrowroot, baked flour, rice, biscuits, rusks, or any other starch-food, passing through the stomach, and scraping and scratching along the delicate sensitive bowels, might readily produce all the ills to which infantile flesh is heir" (*Dr. S. Norton*).

13.—Diet from Six to Twelve Months Old.

DIET 4.—When the mother gives evidence of indisposition or feebleness, and medical treatment fails to remove it, it is generally desirable to wean the infant at six months old, or even at the end of the first or second month. If the health of the mother and child be fairly good, the child may be nursed till it is nine months old. But if the child is very feeble, or suffering from any disease, it may be well to nurse it to the tenth or eleventh month, if the mother's health is robust, and she continues free from any symptoms of over-lactation. Beyond that time nursing is nearly always productive of serious consequences both to the mother and child. When weaning is decided upon, the mother should gradually diminish the allowance from the breast, and increase the supply of suitable kinds of food; at length she should only suckle him once or twice in the twenty-four hours, and otherwise feed him at proper intervals.

When weaning is commenced, or when the mother's breast-milk requires supplementing, one of the farinaceous foods will be found a most valuable substitute. Every mother has her own opinion as to which *food* is the best—Neave's, Ridge's, Savory and Moore's, or Brown and Polson's. Neave's is certainly one of the best, but many prefer Ridge's. Savory's is one of the most recent, but it has received some very high testimonials. It should be mixed in the proportion stated on each tin, with cow's milk of pure and good quality, and given at a uniform temperature, namely, that of maternal milk.

DIET 5.—For a weaned child above nine months old the following arrangement may be adopted.

First Meal, 7 *a.m.*—A breakfast-cupful of prepared food, prepared as directed on the tin. If the bowels are confined at any time, a rather larger proportion of the food, and less of the milk, should be used; or the reverse if the bowels are relaxed.

Second Meal, 10.30 *a.m.*—A breakfast-cupful of milk. A teaspoonful of lime-water may be added when the milk has appeared to produce discomfort.

Third Meal, 2 *p.m.*—The yolk of one egg, well beaten up in a teacupful of milk.

Fourth Meal, 5.30 *p.m.*—Same as the first.

Fifth Meal, 10 *p.m.*—Same as the second.

DIET 6 (to alternate with the above).—*First Meal*, 7 *a.m.*—A dessert-spoonful of pearl-barley jelly[1] dissolved in a breakfast-cupful of warm milk, and slightly sweetened with loaf-sugar, or a small basinful of milk-porridge, may constitute the meal.

Second Meal, 10.30 *a.m.*—A breakfast-cupful of milk, to which, if necessary, a teaspoonful of lime-water is added.

Third Meal, 2 *p.m.*—This may consist of a small egg-pudding made as follows:—Beat up one egg with a teaspoonful of flour and sufficient milk to fill a basin rather larger than a teacup; tie the basin and its contents in a cloth, and boil for twenty minutes. It may be taken with a little milk, sugar, or gravy. As the child grows older, more flour may be added. Or the meal may consist of a small teacupful of beef-tea[2] (half a pound of meat to the pint), and a rusk or piece of stale bread.

[1] Pearl-barley boiled for six hours forms, on cooling, after the water has been strained off, a jelly which dissolves readily in warm milk.

[2] BEEF-TEA may be made in the following way: Put half a pound (or a pound, according to the strength required) of rump steak, cut up into

Fourth Meal, 5.30 *p.m.*—A teacupful of farinaceous food, carefully prepared as directed in *Diet* 5.

Fifth Meal, 10 *p.m.*—Same as the second.

No food of any kind should be given between the meals, which should, therefore, be made sufficiently large to meet the requirements of the system, always stopping short of over-repletion. A healthy child from ten to twelve months old requires from a pint and a half to a quart of milk in the twenty-four hours.

14.—From Twelve to Eighteen Months Old.

DIET 7.—*First Meal*, 7.30 *a.m.*—A rusk or a slice of stale bread with a breakfast-cupful of new milk. The bread may be soaked in the milk; but if the child has teeth, it should be well masticated dry, and milk taken in sips. The teeth and gums are improved by proper employment. See the Section, "Decay of the Teeth," p. 159.

Second Meal, 11 *a.m.*—A drink of milk, with a plain biscuit or thin slice of bread-and-butter.

Third Meal, 1.30 *p.m.*—A pudding like the one recom-

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small pieces, into a covered enamelled saucepan with one pint of cold water. Let this stand in a cold or cool place for four or five hours, and then by the side of a fire till the temperature should approach but not reach the boiling-point. It is then fit for use.

The meat used should be *freshly-slain*, and divested beforehand of all fat or gristle; otherwise a greasy taste is given to the beef-tea, which cannot be afterwards removed by skimming. Only *enamelled* saucepans should be used. In re-warming beef-tea which has been left to cool, care must be taken to warm it only up to the point at which it is to be served. On no account should it be allowed to boil.

When children, from long use of it, become tired of beef-tea, it may be seasoned with some vegetable product—celery, or celery-seeds, which should be strained-off before using—when, possessing an entirely new flavour, it will generally be eaten with zest.

mended for the third meal in *Diet* 6. Or, as a variety, a teacupful of good beef-tea (a pound of meat to the pint) or of beef-gravy, with rusk or stale bread. A good table-spoonful of light farinaceous pudding may follow the beef-tea.

Fourth Meal, 6 *p.m.*—Same as the first.

DIET 8 (to alternate with the preceding).—*First Meal*, 7.30 *a.m.*—The yolk of a lightly-boiled egg. A thin slice of bread-and-butter. A cupful of new milk.

Second Meal, 11 *a.m.*—A drink of milk and a thin slice of bread-and-butter.

Third Meal, 1.30 *p.m.*—A mealy potato, well mashed with a spoon, moistened with gravy from the cut-joint. A cupful of new milk.

Fourth Meal, 6 *p.m.*—A rusk or slice of stale bread, well soaked in a breakfast-cupful of milk. But if the child can be trusted to masticate, the bread may be eaten dry.

In cases of debility, or when there exists any exhausting discharge, a little milk may be given at about 10 p.m. But in good health nothing is required after 6 p.m. The sooner a child becomes accustomed to sleep all night without food the better. When, however, he wakes in the morning, refreshed by his night's rest, he should not be compelled to remain fasting for an hour or more, but his breakfast should be prepared early.

Many children between twelve and eighteen months old, who take large meals, will be found to do well upon only three meals a day, as in the following:—

DIET 9.—*First Meal*, 8 *a.m.*—Some farinaceous food in three-quarters of a pint of new milk.

Second Meal, 1 *p.m.*—A teaspoonful of baked flour; one

teaspoonful of fine oatmeal; three-quarters of a pint of boiling milk; the yolk of an egg. The baked flour and the oatmeal should be beaten up till smooth with four table-spoonfuls of cold water; the milk and the yolk-of-egg (well beaten) should then be added, and the mixture boiled till it thickens.

Third Meal, 5.30 *p.m.*—Same as the first.

If the child require anything early in the morning, or at 10 p.m., half a teacupful of milk and a plain biscuit or a thin slice of bread-and-butter.

15.—From Eighteen Months to Two Years Old and Upwards.

DIET 10.—*First Meal*, 7.30 *a.m.*—A breakfast-cupful of new milk. A rusk, or a good slice of stale bread.

Second Meal, 11 *a.m.*—A cup of milk.

Third Meal, 1.30 *p.m.*—A small slice of underdone roast mutton, one well-mashed potato, with a little gravy as it runs from the cut-surfaces of the joint, without fat. If the child bolts his meat, it should be pounded in a mortar till he can be trusted to divide it with his teeth. For drink, water or milk-and-water.

Fourth Meal, 6 *p.m.*—A breakfast-cupful of milk and bread-and-butter. A healthy child, after the age of eighteen months, should sleep from 6 p.m. to 6 a.m. without waking, and require nothing beyond the above.

DIET 11 (for a child of the same age).—*First Meal*, 7.30 *a.m.*—A breakfast-cupful of new milk, the lightly-boiled yolk of one egg, and a slice of bread-and-butter.

Second Meal, 11 *a.m.*—A teacupful of milk.

Third Meal, 1.30 *p.m.*—A breakfast-cupful of beef-tea (a pound of meat to the pint), containing a few well-boiled

asparagus-heads, when in season, or a little stewed flower of broccoli. After the beef-tea a good table-spoonful of plain custard or farinaceous pudding.

Fourth Meal, 6 *p.m.*—Bread-and-butter, with a breakfast-cupful of milk.

These diets may be given on alternate days, or otherwise varied as necessary.

Between the Ages of Two and Three Years the same diets may be continued. Meat may, however, be now given every day, and a little well-stewed fruit, marmalade, etc., be occasionally added to the diet.

The morning and evening meals should always consist principally of Milk. Tea and coffee should be entirely withheld from young children. Indeed, these beverages are better not given at all till after adult age. Cocoa, however, properly prepared, is a suitable beverage at any period of life.

PART II.

DISEASES OF INFANTS AND CHILDREN, AND THEIR HOMŒOPATHIC AND GENERAL TREATMENT.

CHAPTER I.

BLOOD DISEASES.

16.—Scarlet Fever (*Febris Rubra*)—Scarlatina.

The *mortality* of Scarlet fever is very large, the disease destroying every year in this country the lives of some twenty thousand persons. During the same time it more or less completely disables, often for a long period, a hundred thousand others. Yet, judging by the results that have been effected by disinfection, separation, and preventive treatment, by far the larger amount of this waste of life and costly sickness might be averted.

Scarlet fever is chiefly prevalent in children, especially from the second to the fifth year of life. It is by no means infrequent during the second year, and even occurs before the end of the first, although infants a few months old seem to enjoy a special immunity. We have often attended families in which all the children have been suffering from the disease except the baby, who, crowing and smiling all the time, was the only one unaffected. But the opinion that the disease does not attack children under two years or even one year old is erroneous. Of the entire mortality from Scarlet fever, about sixty-eight per cent. is among children under five years of age, and about

twenty-four per cent. more among children from five to ten years. After the tenth year the susceptibility rapidly diminishes. The common notion that *Scarlatina* is a mild, and *Scarlet fever* a severe form of the disease, is incorrect, for the terms are synonymous.

VARIETIES.—There are three varieties, or, more correctly, degrees of intensity ; for though it is convenient to speak of *Scarlatina simplex*, *S. anginosa*, and *S. maligna*, they are but one disease, manifesting different degrees of severity. Exposure to the infection of *S. simplex* may give rise to an attack of *S. maligna*, and the reverse. The same organs are affected, the same functions are disturbed, and the same secondary diseases follow in each case. The characteristics of each variety are as follows :—1. *S. simplex.* A scarlet rash with moderate fever and slightly enlarged and inflamed tonsils. 2. *S. anginosa*, those of *S. simplex* in an aggravated form, with a more severe affection of the throat, and swelling of the submaxillary glands 3. *S. maligna.* The rash is of a dark-red colour, and comes out later than in the other varieties, and often imperfectly or irregularly; the throat is dark-red, livid, ulcerated, or covered with dark sloughs, and the febrile symptoms assume a typhoid form. In this variety there is consequently great danger to life.

Scarlatina is more likely to assume a malignant form than any other eruptive fever, and it sometimes prevails as an epidemic in low, ill-drained, and densely-populated districts. It should always be under the care of a homœopathic physician, as the mildest forms, neglected, have often led to the worst results.

MODE OF PROPAGATION.—Although we are ignorant of the origin of Scarlet fever, we know that it spreads by

infection, and that most rapidly and persistently. It is by no means necessary to have direct contact with a patient, or to imbibe or touch anything that has been directly contaminated by him—it is not even necessary to be in the same room, in order to take the disease. The poison rapidly diffuses itself throughout the whole house unless stringent preventive or disinfecting measures are adopted, and no inmate can be said to be safe unless he has previously had the disease, and even then he is not absolutely so. The unseen germs, which no microscope can detect, are not only very rapid and fatal in their action, they are also very tenacious. They lurk in all kinds of places, and cling to everything. The clothes of attendants as well as of the patient, the bedding, furniture, and walls of the rooms, persistently retain the poison. And they have been known to communicate the disease after an interval of one or two years.

Against this insidious infection neither physicians nor ministers enjoy exemption. The records of epidemics and campaigns too amply prove that, leading no charmed lives, they carry with them no antidote against the poisoned arrows of Scarlet fever, Typhus, or Cholera.

General Symptoms.—Scarlatina has a latent period of about five days. It commences with the ordinary symptoms of fever—chills, shivering, hot skin, frontal headache, rapid pulse, nausea, sometimes vomiting, thirst, and *sore throat*. The last-named symptom is generally the first complained of by the patient.

After a short time the pulse becomes very quick, often in children 120 to 140 in the minute. In about forty-eight hours after the occurrence of these symptoms, the rash comes out, first on the breast, then on the neck, face,

body, and over the great joints and limbs, till the whole body is covered with it.

The eruption usually fades away in the same order. Its appearance is a *bright-scarlet efflorescence*, consisting of innumerable smooth spots, not raised above the skin, having the colour and semblance of a boiled lobster-shell. The colour disappears on pressure, but immediately returns on its removal.

The tongue at first is coated with a creamy fur, the tip and edges are red, the papillæ are red and raised, giving it a peculiar strawberry-like appearance. This is always exhibited in the course of the disorder, and not unfrequently at its commencement. The tongue afterwards becomes preternaturally clean and raw-looking. A diffused redness, sometimes of a dark claret-colour, covers the mouth, fauces, etc., which disappears as the febrile symptoms and rash subside. On about the fifth day the efflorescence generally begins to decline, and by about the eighth or ninth entirely disappears, leaving the patient prostrate.

During a period of uncertain length, the outer skin comes off as scurf, or moulded masses are thrown off, especially from the hands and feet.[1] The disease does not, however, always pursue this uniform course. In the exceedingly dangerous form we have described, the eruption is either entirely wanting, or livid and partial. Sometimes the mucous membranes are threatened with gangrene, the glands and even the cellular tissue of the neck are very much swollen,[2] the fever assumes a malig-

[1] Desquamation may be prevented (see note 2, page 43).—G. L.

[2] One of my children died from congestion of the brain, caused by compression of the cervical veins by the enormous swelling of this tissue.—G. L.

nant character, and is attended with prostration so extreme, that the patient may sink in a few hours under its virulence.

For the chief difference between Scarlet fever and *Measles* see page 50. The differences between it and *Smallpox* are in the premonitory pain in the back and the pustular form of the eruption which characterise the latter.

TREATMENT.—At the commencement of the illness, or before its true nature is recognised, the febrile symptoms may be modified by a dose of *Acon.* every two or three hours. When the characteristic redness of the skin or throat shows itself, *Bell.* should be administered in a similar manner; or if the fever continue high, the two medicines may be given alternately, at intervals of two hours. If the case be one of *S. simplex* no other medicines will probably be needed, until it is on the decline, when *Sulph.* should be taken night and morning for two or three days. In *S. anginosa*, *Acon.* will hardly be needed, *Apis* or *Mercurius* will have to take the place of *Bell.*, and, if the heat of skin or restlessness be considerable, in alternation with *Gelseminum.* In *S. maligna*, *Ailan.* or *Ammon.-Carb.* will be more especially called for.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Hot skin, thirst, headache, restlessness, and other febrile symptoms.

Ailanthus Gland.—*Malignant* Scarlatina, with purple or nearly suppressed rash, fœtid discharge from the nostrils, cracking at the angles of the mouth, etc. It should be given directly unfavourable symptoms are observed, and frequently repeated until improvement ensues. This is indicated by increase of the eruption, by its assuming a

scarlet colour, and by diminished circulatory and nervous disturbances.

Ammon.-Carb.—Very decided physical and mental prostration.

Apis.—Urgent throat symptoms, and when there is more œdema than ulceration.

Arsenicum.—*Severe prostration, excessive thirst,* cold clammy sweats, frequent, weak pulse, threatened diarrhœa.

Belladonna—Is specific in, and exerts a direct power over, Scarlet fever in its simple form. When the eruption is of a *scarlet* colour the disease will frequently yield to the action of this remedy without the aid of any other.

Gelseminum.—Imperfect eruption, nervous restlessness, *remittent* symptoms.

Mercurius Sol. 6.—Inflamed, swollen, or ulcerated throat; difficult swallowing; *copious saliva,* ulcers in the mouth; acrid discharge from the nostrils.

Muriatic Acid.—*Malignant sore throat,* with extreme depression, tremors, etc.

Sulphur.—When the disease is on the decline, to prevent secondary complaints: a dose morning and night for several days.

Veratrum Viride.—Severe *cerebral disturbance,* vomiting, and very rapid pulse.

Additional Remedies.—*Ant.-Tart.* (in the first stage, if attended with convulsions, cold sweat, difficult breathing, or vomiting); *Bar.-Mur.* (swelling of glands); *Coffea* (restlessness and sleeplessness); *Cup.-Ac.* (sudden retrocession of the rash); *Dig.* (little urine, dropsical symptoms); *Hyos.* (restlessness and sleeplessness); *Kali Hyd.* (swelling of glands); and *Eupatorium* ϕ, *Hydrastis* ϕ, or *Nit.-Acid* 1x (as a gargle, in the proportion of ten drops of the medicine to a gill of water).

When the patient is too young to gargle, the throat should be mopped out with a small piece of moistened sponge secured to the end of a stick, and the gargle afterwards applied by means of a clean sponge or a feather. The gargling or mopping may be repeated every two or three hours, not *immediately* before or after taking a dose of medicine, but *about half an hour after* a dose has been administered.[1]

Secondary Diseases (*Sequelæ*).—The following are the chief:—1. Inflammatory swelling of the glands of the neck, which in scrofulous children may attain a large size, suppurate, and the pus burrow under the muscles of the neck. *Merc.*, *Hepar S.*, and *Calc.*, are the chief remedies. 2. The inflammation of the throat may be extended along the *Eustachian tubes*, producing deafness by their obstruction, or by suppuration of the *tympanum*, or some other mischief of the ear. The remedies recommended are *Bell.*, *Merc.*, *Aurum*, or *Puls.* 3. But the most frequent and dangerous sequel is *Anasarca*, the treatment of which will be found in the following Section (pp. 46, 47).

Complete suppression of urine without dropsy is far from uncommon. It may last for several days, and terminate either in the gradual resumption of the functions of the kidneys, or in blood-poisoning, sudden Convulsions, and death.

Accessories.—The patient should be placed in a separate room which can be so ventilated as to secure a copious and continual supply of *fresh air;* for the one

[1] I find diluted Acetic Acid—one part of the acid to twelve parts of water—the best wash for the mouth and throat. It tends to remove the deposits which form on the mucous membrane, and is eminently antiseptic.—G. L.

means above all others which mitigates the virulence and infectiveness of Scarlet fever is ventilation. The room should be as free from furniture as possible. Curtains, carpets, and woollen stuffs should be removed. A fire is necessary in cold weather. Condy's fluid or carbolic acid should be freely used about the room; and a sheet across the open door, kept moist with the disinfectant, will purify the air for the patient, and lessen the infection through the house.[1] Sponging the surface of the body with tepid water, piece by piece, moderates the great heat and allays restlessness, quiets delirium, lowers the pulse, and favours sleep.[2] A wet bandage to the throat, when it is affected, is a sovereign remedy, and seldom fails to relieve. It should be fastened both at the back of the neck and at the top of the head, so as to protect the glands near the angles of the jaws. Inhalation of steam from hot water is useful when the throat is sore and painful. The *wet-pack*, especially at the commencement, is often most valuable, and it may be repeated several times, at a few hours' interval, as long as severe febrile symptoms continue; but it requires to be administered by an experienced

[1] The door of the sick-chamber should be open as little as possible. A fire in all seasons—as small as may be in summer—and an open window ensure the most efficient ventilation. Two or three vessels with Condy's fluid placed about the room, and a small sheet sprinkled freely with Acetic Acid, diluted with twelve parts of water, and hung upon a clothes horse, are my favourite modes of disinfecting.—G. L.

[2] Sponging with diluted Acetic Acid—one part of the acid to six parts of hot water—is preferable. I use it as warm as the patient can bear it three times a day, and mop, but not quite dry, the skin with a soft towel after each application. When this operation is carefully and persistently done from the moment the nature of the illness is recognised, and continued until convalescence is established, there is no desquamation of the cuticle.—G. L.

person. When the eruption is slow in coming out, or is suddenly suppressed, the child should have a hot bath (see page 22) or be packed in a blanket wrung out of hot water. During convalescence, warm clothing, including flannel, is necessary; and subsequently a change of air, if possible to the seaside. The patient must not, however, go out too early, as secondary symptoms are of frequent occurrence from neglect of this precaution.

Diet.—During the whole course of the fever, milk, either alone or with plain or soda-water, thin gruel, sago, arrowroot, yolk of egg beaten up with cold milk, grapes, oranges, and cooked fruits, should be the staple diet. The drink may consist of cold water, gum-water, barley-water, weak lemonade, etc., in small quantities as frequently as desired. As soon as the fever subsides, the patient may gradually and cautiously return to more substantial food. Stimulants are rarely necessary, except in malignant cases, when wine, brandy, Liebig's extract of beef, beef-tea, etc., may be given *regularly* in frequent small doses, under medical care.

Preventive Measures.—1. *To be adopted by the unaffected:* During the prevalence of Scarlatina, a dose of *Belladonna* should be given, morning and night, to children who have not had the disease. The first or second dilution of the tincture is best for this purpose. Should the disease occur notwithstanding this treatment, its severity will be much mitigated. The author has great faith in the virtue of *Belladonna* thus used, both as the result of his own experiences, and from the testimonies of numerous *confrères* and correspondents. 2. *To be adopted by the attendants upon the invalid:* The attendant should have as little intercourse with the other members of the household as possible.

She should wear over her ordinary clothes a dress of calico, which she can readily take off and hang on a peg before she leaves the sick-chamber. She should also dip her hands into a disinfectant after touching the patient, and especially before quitting the room. Condy's fluid or Chloride of Lime—one tablespoonful of either to about a gallon of water—is usually employed for this purpose. All excretions from the invalid should be disinfected with the Chloride of Lime solution, and disposed of at once. All washing apparel that has been used by the patient should, on its removal, be immediately placed in a vessel containing a sufficient quantity of either of the above disinfectants, and be put out of doors as soon as possible, and afterwards boiled in the disinfectant. Woollen clothes, bedding, etc., that do not admit of being boiled, should either be burnt, or fumigated with Sulphurous acid for two or three hours. The sick-chamber itself, when the patient is permitted to leave it, should be disinfected in a similar manner. The operation of fumigating with Sulphurous Acid is exceedingly simple. All that is required is to sprinkle a small quantity of Sulphur on a piece of burning wood, or a few live coals, in a room, all the apertures of which are closed up, till the room is filled with the fumes.[1]

17.—Post-Scarlatinal Dropsy.

(Acute Tubular Nephritis.)

Homœopathists may rejoice in the fact that under homœopathic treatment this sequel of Scarlet fever is neither so frequent nor so intractable as in allopathic practice. It is, however, a grave affection, and demands

[1] My experiments lead me to believe that diluted Acetic Acid, and the fumes of Acetic Acid, are as efficacious as Sulphurous Acid, if not more so. —G. L.

all the care and attention of a skilful physician to secure a speedy favourable result.

Symptoms.—About the twelfth day after the subsidence of the fever, the subcutaneous areolar tissue becomes infiltrated with serous fluid; there is often frequent desire to pass water, which is scanty and high-coloured or smoky-looking, and generally albuminous. If examined with a microscope, the urine is seen to contain renal tube-casts. The pulse is quick, the skin dry; the child is thirsty; and the body, face, and limbs are pale and œdematous. Occasionally the cavities of the body are more or less filled with fluid. When the cavity of the chest is invaded, there are the following symptoms:—short, difficult breathing, violent action of the heart, increasing distress and lividity of the face, often followed by death. Occasionally the kidney complication exists from the outset of Scarlet fever, and is rather a form of the disease than a sequel.

Treatment.—*Ars.*, *Canth.*, and *Terebinth.* are the most useful medicines. The first two have been more frequently successful than the last. A dose of the one selected should be given every three hours.

Indications for the above and other Remedies.

Apis.[1]—*Rapid general œdema;* pale colour of the skin; scanty, high-coloured urine; swelling of the tonsils, difficulty of swallowing.

Arsenicum.—Scanty, dark-coloured or bloody urine, with general œdema and *prostration.*

Bryonia—Is said to be useful in the same cases. It is probably indicated when the dropsy has followed exposure to cold, and there are muscular pains present.

[1] See *Homœopathic World*, vol. viii., p. 114.

Cantharis.—For symptoms similar to those under *Arsenicum*, and with pain in passing water.

Terebinth.—Scanty, *reddish*, or dark urine.

Additional Remedies.—*Apocyn.-Can.*, *Digitalis*, *Ferrum*, *Helleborus*, and *Hepar Sulph.*

Accessories.—The lamp bath, warm baths, or sponging the body with warm water, the wet-pack, and drinking cold water are of the first importance; they facilitate excretion by the skin, and relieve the congested kidneys. The free action of the skin in the treatment of Scarlet fever is the most effectual means for preventing Post-scarlatinal Dropsy. Nothing secures this so thoroughly as the *wet-pack*. A nourishing, digestible diet is also essential to meet the exhaustion which usually exists. Finally, change of air is of great value.

18.—Measles.

Measles is a disease of childhood usually unattended with danger, unless improperly treated; but so frequent is the improper treatment employed, that 1,500 children die of the malady every year in London alone. It is highly infectious, often epidemic: it generally attacks the same patient only once, but sometimes occurs a second or even a third time.

Mode of Propagation. — Infection. No susceptible person can remain in the same room or house with an infected person without risk of taking the disease; and it is almost impossible to isolate it in large establishments or schools. It is propagated, even after a considerable time has elapsed, by infected clothing, bedding, furniture, or wall-paper. Infection only ceases when the peeling-off of the skin is quite complete, and when all the clothing

and surroundings of the patient have been thoroughly disinfected. It is strongest during the eruptive stage, and especially at the early part of this stage.

Symptoms. — After about ten or fourteen days, the period of incubation, the disease is ushered in with the symptoms of a *Catarrh*—sneezing, running from the nose, red, swollen, and watery eyes, a hoarse harsh *cough*, languor, and *fever*, which increase in intensity. About the fourth day of the illness the *eruption* begins, and appears in three successive crops, on the face and neck, on the body, and lastly on the legs. It is in the form of small circular spots, resembling flea-bites, which multiply and coalesce into blotches of a more or less crescentic form, slightly raised above the surrounding skin, so as to be felt, particularly on the face, which is often a good deal swollen. It is like raspberry in colour, and turns white for an instant under pressure; a dark purple is a bad sign. It is two or three days in coming out, and remains at least three days. The fever then abates, and a bran-like scurf is gradually thrown off the skin. The scurf is thrown off in the following order: on the face, behind the ears, on the neck, chest, arms, trunk, thighs, and legs. As the rash declines, diarrhœa sometimes occurs; this, unless very troublesome, should not be interfered with, as it is often beneficial.

The hightest temperature, as tested by the clinical thermometer, in ordinary cases, is 103°; if above this, the case is severe; if below, it is mild. This temperature is generally reached on the fifth day, after which it rapidly declines.

Diagnosis.—Ginard calls attention to a most important symptom for the *diagnosis* of Measles in its *preliminary*

stage, namely, *red spots on the soft palate, more especially on the uvula*, which appear *five or six days before* the eruption, *even if there is no other symptom* of the disease *perceptible*, and which *persist* until three or four days *after* the eruption is gone. Broussais and Valleix were fully aware of this most important diagnostic *signum morbi*. Schwarz of Vienna sets great value upon it for differential diagnosis. During the great epidemic of Measles in France in the year 1868 this sign was constantly observed by Bonnichon.

Formerly this disease was confounded with Scarlet fever, but there are well-marked differences between the two, as shown below.

TABULAR DIFFERENCES BETWEEN MEASLES AND SCARLET FEVER.

MEASLES.	SCARLET FEVER.
1. Rash comes out on the *fourth day*.	1. Rash appears on the *second day*.
2. *Catarrhal* symptoms are prominent—watery discharge from the eyes and nose, sneezing, harsh cough, etc.	2. Catarrhal symptoms are usually absent, but there is great *heat of the skin, sore throat*, and sometimes *delirium*.
3. The rash begins near the *roots of the hair*.	3. The rash begins on the *neck and face*.
4. The rash is of a *pinkish-red* or *raspberry colour*. The white streak produced by the back of the nail is not uniform, and lasts a shorter time than in Scarlet fever.	4. The eruption is of a *bright scarlet colour*, and by drawing the back of the nail over the skin a white streak is produced, which lasts two or three minutes.
5. The eruption is somewhat *rough*, so as to be felt by passing the hand over the skin, and is in crescentic groups, with natural skin between.	5. The rash usually presents no *inequalities* to sight or touch, and is so minute and closely crowded as to give the skin a *uniformly* red appearance.
Liquid, tender, *watery* eye.	6. A peculiar *brilliant stare*, as if the eyes were glistened.
7. The cuticle is thrown off in minute portions, like *fine scales of bran*.	7. Desquamation of the cuticle is usually in *large patches*, especially from the hands and feet.
8. The most common *sequelæ* are diseases of the *lungs, eyes, ears*, and *skin*.	8. The most frequent *sequelæ* are *dropsy*, especially after mild cases, and *glandular swellings*.

DANGERS.—Pneumonia, Bronchitis, Diphtheria, and inflammation of the larynx may arise during the course of

the disease. Phthisis, Diphtheria, disease of the glands and bones, chronic Ophthalmia, Otorrhœa, and skin diseases may follow the attack.

TREATMENT.—In the early stage *Acon.* should be given every two or three hours to subdue the fever. As soon as the symptoms peculiar to the disease manifest themselves, *Puls.* must be administered alone every two or three hours, or, if necessary, in alternation with the *Acon.* at intervals of two hours. The cough almost invariably attendant upon the disease may be mitigated by a dose or two of *Bell.* or *Hyos.*

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

REMEDIES.—*Aconitum.*—Febrile symptoms at the outset or during the progress of the disease. A dose every third or fourth hour.

Ant.-Tart.—Where there are decided bronchial symptoms, or nausea with white-furred tongue.

Belladonna. — Sore-throat, *dry, barking cough,* etc.; headache, drowsiness, or restlessness, and tendency to *delirium.*

Bryonia.—Imperfect or suppressed eruption, stitching pains in the chest, difficult breathing, *cough,* etc. For a *sudden recession* of the eruption, this remedy, or *Acon.*, may be given every half-hour.

Euphrasia—May be called for when the lachrymation is profuse.

Gelseminum.—Slow development or retrocession of the rash.

Mercurius Sol. 3x and *Cor.* 3x.—Ulcerous, glandular, or dysenteric affections.

Phosphorus. — Dry, hollow cough, with tendency to Pneumonia.

Pulsatilla.—Almost *specific*, especially for the symptoms of cold, gastric derangement, phlegm in the chest, etc. It is most useful after the fever has been modified by *Aconite*, and rarely any other remedies are required.

Sulphur.—After the eruption has completed its natural course, and the other remedies are discontinued. It may avert secondary diseases. A dose morning and night, for several days.

Secondary Diseases.—Measles is often succeeded by diseases of the lungs, eyes, ears, bones, or some affection of the skin. These are often far more serious than the malady itself, and generally require professional treatment. They may often be prevented by the administration of *Sulphur*, or other remedy indicated. Sequelæ are infrequent after homœopathic treatment. If, however, after the decline of the eruption, the patient retains a temperature above 100° F., some complicating disturbance may be suspected.

Remedies for the Sequelæ.

Inflammatory Affections of the Eyelids.—Acon., Bell., Merc.-Cor., Sulph.

Purulent Discharge from Ear, or Deafness.—Hep.-Sulph., Merc., Puls., Sil., Sulph.

Glandular Swellings.—Calc.-Carb., Iod., Lyc., Merc.

Chest Complication.—Ars., Hep.-Sulph., Kali Bich., Spong.

Cutaneous Eruptions.—Iod., Ars., Sulph.

Styes.—Bell., Calc.-Carb., Puls., Sulph.

Consumption—Wasting, Cough, Hoarseness, etc.—Ars., Dros., Hep.-S., Phos., Spong., and Cod-liver oil.

Measles and Consumption.—Tubercular disease of the lungs, or more often of the bowels, is by no means an

infrequent sequel in delicate children. Whenever, therefore, a child makes but slow or imperfect recovery from Measles, more particularly when there is tenderness, pain, hardness, or enlargement of the abdomen, Diarrhœa or irregular action of the bowels, and a high temperature, a grave constitutional disease may be suspected, and no time should be lost in obtaining professional homœopathic advice.

Accessories.—When Measles occur before weaning, the infant may refuse to suck, in consequence of the closure of the nasal passages; resort must then be had to artificial feeding with the spoon. *Cold* water, gum-water, barley-water, etc., are the best drinks. No stimulants. As the fever abates, milk diet may be given, gradually returning to more nourishing food. Should the eruption be imperfectly developed, or recede suddenly, the child should be put into a hot bath (see p. 22), or be packed in a blanket wrung out of hot water. During the whole of the illness the wet-pack and tepid sponging,[1] with careful drying, should be employed once or twice a day, and the linen should be frequently changed. We have emphasised "frequent change of linen," as there exists a wide-spread prejudice among mothers and nurses against clean clothes in this disease. The patient should be kept warm in bed, with the room equably warmed to about 65°, but light and well ventilated, a shawl or curtain being so suspended as to protect the eyes.[1] A fire, except in the very height of summer.[2] After the disease has subsided the patient

[1] See Note 2 to Scarlet Fever, page 44, as it is applicable to Measles.—G. L.

[2] See note 1 to Scarlet fever, page 44, as it is applicable to Measles.—G. L.

should be warmly clad (in flannel), and taken into the open air *frequently* when the weather is fine. But he must not go out-of-doors too soon, or be at all exposed to cold, draughts, or wet.

PREVENTIVES.—*Puls.* every morning, and *Acon.* every evening, for a week or ten days, during the prevalence of Measles.[1]

19.—Rubeola—Scarlet Rash.

This disease somewhat resembles Scarlet fever, with which it has been frequently confounded. But added to the sore throat and scarlet rash, which ally it to Scarlatina, there are the catarrhal symptoms commonly met with in Measles; hence it has been regarded by some authorities as a hybrid of the two diseases.

DIAGNOSIS.—Rubeola may be distinguished from *Scarlet fever* by absence of that extreme febrile heat peculiar to the latter, and by the co-existence of sneezing, lachrymation, and pain in the back, with sore throat; the spots also are larger and more irregular than in *Scarlet fever.* On the other hand, the sore throat distinguishes this affection from *Measles,* and the moist skin distinguishes it from both. There are, further, no "wheals," as in *Urticaria.*

SYMPTOMS.—The spots appear irregularly on different parts of the body; they are darker and less smooth to the touch than those of Scarlatina, and not rendered white by pressure. The child perspires when the rash is out, and in proportion to the fulness of the eruption. One attack does not secure immunity from future attacks. It runs no regular course. The sudden disappearance of the rash may be dangerous.

[1] See Preventive Measures, Section 2, for Scarlet fever, page 45, as they are applicable to Measles.—G. L.

TREATMENT.—At first *Acon.* should be given—a dose every two or three hours—until the fever symptoms abate, when it should be followed by *Coffea.*

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Simple scarlet rash with fever.

Belladonna.—When the throat symptoms are marked.

Bryonia.—Sudden disappearance of the eruption.

Pulsatilla.—Preponderance of catarrhal symptoms.

ACCESSORY MEASURES.—In all respects similar to the ones recommended for Scarlet fever and Measles.

20.—Smallpox (*Variola*).

VARIETIES.—This, the most marked of the eruptive fevers, and one of the most malignant, loathsome, and contagious diseases, is of two varieties: (1) the *distinct*, when the pustules are separate and well defined; (2) the *confluent*, when they are thick-set, run into each other, and form continuous suppurating surfaces. In this latter variety all the symptoms are aggravated, the glands are affected, the limbs swell, the mucous membranes show the eruption, and there is danger of suffocation, putrescence, and delirium. This variety is, therefore, very dangerous, for the severity bears a direct proportion to the extent and suppuration of the pustules.

MODE OF PROPAGATION.—By contagion. No contagion is so strong, so sure, or operates at so great a distance of time and place. It is probably most infectious when the characteristic odour is perceived, and when the pustules suppurate. Recurrence of the disease is rare.[1]

SYMPTOMS.—At first these are similar to those of most

[1] I have attended a patient with the third attack of the disease, and I have met with several patients who have had it twice, the second attack being *not* always a mild one.—G. L.

other fevers. There is lassitude, chilliness, heat, headache, a *thickly-furred white tongue*, a deep flush upon the face, a feeling of *bruised pain* all over the body, *but especially in the back and loins*, more or less pain or *tenderness at the pit of the stomach*, and sometimes vomiting. When the pain of the back and vomiting are violent, they indicate a severe attack. On about the third day the eruption appears in the form of red spots, or small hard pimples, feeling like *shot in the skin*. It first comes out on the forehead and front of the wrists; then on the neck and breast; then gradually extends over the body.

The eruption being completed, the fever subsides; the pimples begin to fill with fluid matter; this is first watery and transparent (vesicles), then yellowish (pustules); they become *depressed in the centre*, and are surrounded by a circular inflamed ring. The eyelids, face, and hands are swollen, and the features sometimes obliterated. A peculiarly disagreeable odour now emanates from the patient, which, once smelt, cannot be forgotten. In about eight or nine days from the first appearance of the eruption, the pustules discharge their contents; secondary fever sets in; scabs then form, which dry up, and in a strong constitution fall off in the course of four or five days. There remain purplish spots, which do not fade away before the sixth or eighth week, or indelible depressed scars which are called *pits* or *pocks*.

Diagnosis.—Unlike *Measles* and *Scarlet fever*, the pimples give the sensation to the finger of small shots embedded in the skin; the catarrhal symptoms of Measles, and the sore throat of Scarlet fever, are absent. Unlike *Chicken-pox*, the eruption suppurates and the fever is high. Unlike *Enteric fever*, the attack is abrupt and severe.

DANGERS.—The more numerous and confluent the pustules the greater the danger; the more perfect their maturity on the fourth day, the less the danger. The greatest danger arises from the *secondary fever*, about the ninth to the twelfth day, while the pustules are ripening; for then the fever is likely to return, when the vital strength is already much exhausted. In a confluent case, fatal chest symptoms may arise, or abscesses may form in various parts of the body, or there may be ulceration and opacity of the cornea and loss of sight. Suppressed perspiration, scanty urine, Hæmaturia, great hoarseness, Convulsions, Delirium, or other complications increase the danger of fatality. Half the deaths occur between the seventh and eleventh days of the eruption. Infancy is an unfavourable period. Delicate and scrofulous children invariably suffer most. The disease is seldom fatal to children between seven and fourteen years of age. Small, dark, and badly-ventilated dwellings, poor or scanty food, and want of cleanliness, constitute unfavourable conditions.

TREATMENT.—*Ant.-Tart.* is considered to be the most suitable medicine, and a dose should be given every two or three hours. It may be preceded by a few doses of *Acon.* at similar intervals, and the two medicines may be administered alternately, if the violence of the fever demand the continuance of the *Acon.* Uncomplicated cases will in all probability yield to this treatment.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Fever, headache, rapid pulse, etc.

Antimonium Tart.—This remedy should be given as soon as Smallpox is suspected. Spasmodic retching, nausea, and hoarse cough, often very distressing, may be relieved, Convulsions averted, and the severity of the disease greatly modified by it.

Apis.—Considerable *swelling of the face and eyelids.* If the swelling be attended with *hoarseness,* and pain in swallowing, *Apis* and *Bell.* should be alternated.

Belladonna.—Stupor or delirium, *severe headache,* dislike of light, Ophthalmia. *Bell.* also tends to retain the eruption upon the surface.

Coffea.—Restlessness and *sleeplessness.*

Camphor.—If the eruption suddenly disappear, or suddenly assume a malignant type, with coldness of the skin, difficult breathing, disorder of the brain, etc., one or two drops in a little *tepid* water, or on a small piece of sugar, every ten or fifteen minutes, till the skin becomes warm, and the eruption reappears. The blanket-bath may be had recourse to with much benefit at the same time.

Mercurius Sol. 6.—Ulcerated throat, *Salivation,* and Diarrhœa, with bloody stools; especially during suppuration.

Sulphur.—When the disease pursues an irregular course; when the eruption shows a tendency to recede; when the pustules are green, purple, or black; during the formation of the pustules; when there is excessive itching; and especially on the decline of the disease, to prevent the usual sequelæ, the *tincture of Sulph.* is especially valuable.

Additional Remedies.—*Acon.* (inflammation generally); *Apis* (dropsical swellings); *Ars.* (prostration); *Bell.* (delirium, inflamed throat); *Bry.* (bronchitis); *Carb.-Veg.* (gastric disorder with putrescence); *Hyos.* (delirium and restlessness); *Kali Bich.* (bronchitis); *Merc.* (glandular swellings); *Phosph.* (pneumonia); *Rhus Tox.* (pain in back); *Stram.* (delirium).

Accessories.—The patient should be placed in a moderately lighted room, in which there is ample pro-

vision made for the uninterrupted admission of fresh air, and the free escape of tainted air. A lighted fire and an open window are almost essential in all seasons. The patient's eyes should be screened from the direct rays of light. He should be kept cool and scrupulously clean, and his sheets and linen frequently changed. His posture in bed should be frequently changed, so as to avoid constantly lying on his back or on particular parts; otherwise troublesome bed-sores are apt to be formed. As soon as the eruption is well out, the whole surface should be smeared over with olive-oil, cream, cold-cream, or glycerine-and-water—one part of the former to two parts of the latter—the anointing being repeated twice or thrice daily. This tends to prevent pitting and allay irritation. As the pimples begin to ripen into pustules, and before they break, the skin may be sponged with glycerine and rose-water, in equal parts, and directly afterwards, by the aid of a soft puff, the skin dusted with a powder composed of one part of the first centesimal trituration of *Ant.-Tart.* to eight parts of violet powder. The glycerine water causes the powder to adhere, and pitting, it is said, is effectually prevented. The process should be repeated as often as necessary. The hands of children should always be muffled to keep them from scratching, which might lead to ulceration and unsightly scars.

Attention is especially necessary to be directed to the urinary organs of children of both sexes. It is not uncommon for boys with long prepuces to have retention of urine; the parts sometimes swelling excessively, so as to prevent its discharge. The genital organs of girls should be examined by the nurse daily; for if care and great cleanliness be not observed, there may be sloughing

of the mucous lining of the vulva. Dr. Bakewell has known this to take place in several instances before admission to the hospital.

Great watchfulness is necessary to allay excessive irritation. Whenever the skin becomes hot or irritable, much relief will be afforded by sponging it with warm water to which a few drops of *Carbolic Acid* have been added, and well drying it with a soft towel. Carbolic acid is a disinfectant, and may be advantageously evaporated in the room. When the pustules have burst, powdered starch or corn-flower should be freely applied to absorb the matter. Cleanliness and frequent washing with tepid water are imperatively necessary, especially during the last stage of the disease. Indeed, tepid sponging is very agreeable to the patient at all stages, and no doubt tends to lessen pitting.[1] If the eyelids are glued together, they should be sponged frequently with warm water.

Disinfection.—All infected clothing and bedding should be *burned;* or, in default of this, baked or boiled for half an hour at a temperature of 212°. Rooms should be fumigated with burning *Sulphur*, the walls cleansed and divested of their paper, the floors scrubbed and washed with a solution of chloride of zinc, and walls and ceiling lime-washed; afterwards the doors and windows kept open for several days. (See Preventive Measures, Section 2, page 45.)

Diet.—During the presence of the primary and the secondary fever, the diet should be chiefly milk and soda-water, gruel, plain, or simple yolks-of-eggs beaten up with cold milk, grapes, oranges, cooked fruits, etc. For

[1] I recommend sponging with diluted Acetic Acid, as in Scarlet fever. See note 2, page 44.—G. L.

drink, cold water, with or without the addition of raspberry-vinegar or currant-jelly; toast-water, barley-water, lemonade, etc. Ordinary simple and *nutritious* diet may be taken in the absence of fever. But as the mucous membrane as well as the skin is affected, care must be taken not to irritate it.

PREVENTIVES DURING AN EPIDEMIC.—*Vaccination* (see next Section); tincture of *Sulphur*, administered once or twice daily for several days, and *fresh air*. Too much importance cannot be attached to the dilution and dispersion of the Smallpox poison by free ventilation and disinfectants, which operate as prophylactics for the unaffected, and improve the condition of patients suffering from the disease. The spread of an epidemic of Smallpox is just in proportion to the overcrowded and insanitary condition of the places in which it occurs.[1]

21.—Vaccination—Cow-pox.

This disease is not natural to man, but to the cow. It is similar to Smallpox; and when artificially introduced into the human system is as nearly as possible, without being absolutely, protective against Smallpox.

During the last fifty years, since its general use, it has probably saved more human lives (to say nothing of disfigurement, loss of sight, etc.) than all other remedies put together. It has fallen into disrepute in some quarters on account of the troublesome affections that have occasionally followed it. These, however, bear but a very small proportion to the number of cases in which no secondary effects appeared, and are not to be mentioned in comparison with the loathsomeness and fatality of Smallpox. Without doubt, in a few cases the communication of some

[1] See note 1, page 44, which is applicable to this disease.—G. L.

other disorder has accompanied Vaccination, through the carelessness of the vaccinator. But it is also unquestionable that in a great many cases it has only been the occasion, not the cause, of another disorder. Anything which sets up a temporary febrile condition may develop a latent disease; and as Vaccination is usually among the first disturbers of the system, it has borne the discredit of causing what it only stimulated. The occurrence of troublesome consequences only shows that the vaccine should be administered by a careful and skilful practitioner, who should exercise his judgment so as to determine when the constitution of the child is in the strongest and most healthy state for bearing the disturbance.

Vaccination, however, is now rendered compulsory during the first three months of infancy, before dentition disturbs the system. If a child suffers from any disease which renders Vaccination undesirable, a medical certificate is necessary to postpone the operation. Three precautions should be observed:—1. The vaccine *lymph* used should be taken from a child free from Scrofula, Syphilis, and any other constitutional taint or tendency. 2. A *clean lancet* should be employed, and pure lymph,[1] *unmixed with blood*, should be secured. 3. The matter should be inserted in four places in each arm, just below the shoulder; for it has been found that the protective power of vaccination is in proportion to the number of the resulting *cicatrices*[2] (scars), that being the most efficient operation which leaves the most and best cicatrices.

[1] Recent lymph, from vesicles between the fifth and ninth days, is the best.

[2] My experience is opposed to this, and I have for many years made only two punctures, and very often only one puncture on one arm.—G. L.

Symptoms.—When the operation is successful a slight rosy elevation may be seen and felt on the second day, and a small red pimple is formed on the fourth or fifth day. The next day this becomes a pustule, which increases in size to about a quarter of an inch in diameter.

The lymph in it is at first (on the eighth day) clear, and of a pearl colour; then milky; then yellow; and finally dries into a reddish-brown scab, depressed in the centre. About the twenty-first day the scab falls off, leaving a circular, depressed, permanent scar.

The constitutional disturbance is usually not great. About the seventh day a little fever and restlessness show themselves, and sometimes swelling in the armpit. Medical treatment is seldom necessary. Should there be much inflammatory redness and swelling, a few doses of *Aconite* or *Belladonna* will relieve the patient. The latter remedy is curative of *erysipelatous* complications. Care should be taken to protect the arms from friction, that the sores may not be irritated, and the scabs not torn off. Occcasionally a poultice is necessary if inflammation or suppuration is excessive; or the application of finely powdered starch or corn-flour. About the eighth day, as the disorder declines, a dose of *Sulphur*, morning and night, for a few days, may prevent eruptions, Ophthalmia, or other affections that sometimes follow Vaccination.

Re-vaccination.—Although it is impossible to tell how long the protective virtue of vaccine lasts, it may be well if Vaccination were repeated at puberty, provided great care be taken to secure pure lymph. In like manner adults may secure immunity, if Smallpox become epidemic, by being vaccinated again. Carefully recorded observations and statistics show that well-vaccinated persons are almost wholly secure against infection.

22.—Chicken-pox.

This is an eruption almost peculiar to infants and young children, and bears some resemblance to Smallpox, for which it may be mistaken. It spreads by contagion.

Symptoms.—On the second day of a slight fever the eruption appears. The pimples rapidly become pustular, and in three or four days from their appearance dry up, forming scabs, which fall off in six or seven days without leaving permanent scars. The eruption comes out irregularly, and in successive crops, so that while some of the pustules are disappearing others may be forming.

It differs from Smallpox in the slighter fever which attends it; in the earlier appearance of the eruption; in the absence of an inflammatory ring around the spots in the first stage; in the vesicular character of the eruption, the spots of which become filled with a watery fluid about the second or third day, which is converted into yellow matter; and in the rapid course of the complaint.

Treatment.—In many cases little medicine will be needed; but in the early stage, *Acon.* every three hours will modify any fever that may be present. Afterwards *Rhus* should be given every three or four hours until convalescence sets in.

Indications for these and other Remedies.

Aconitum.—Hot skin, thirst, and other febrile symptoms.

Ant.-Tart.—Convulsions.

Apis.—Excessive itching of the skin, or puffy swelling of the eyelids.

Belladonna.—For severe headache and any disturbance of the brain.

Mercurius Sol. 6.—If suppuration take place in any of the pimples.

Rhus Tox.—This is the best remedy for the disease, and unless any of the other remedies are strongly indicated, should be given as soon as possible.

ACCESSORIES.—Attention to diet as in Simple fever, especially if the digestive organs are impaired. Milk diet is best. Exposure to cold should be avoided, especially in cold weather, but the room should be kept well ventilated. The child should be prevented from scratching the skin when the scales are formed.

23.—Simple Fever (*Febricula*).

This is a feverish attack which generally disappears in from twelve to thirty-six hours, and is, consequently, termed an *ephemeral* disease.

SYMPTOMS.—A feverish attack usually commences in the afternoon or evening, with *alternate chills or flushes*, followed by *heat* and *dryness of the skin;* hard, full, quick pulse; dry, coated tongue; *thirst;* hurried, anxious breathing; highly-coloured and scanty urine. Also, often, pain in the loins, headache, deranged bowels, and loss of appetite. As these symptoms may be precursors of serious diseases, they require prompt attention. Constant sighing is indicative of the approach of some rash eruption.

CAUSES.—Suppressed perspiration, exposure to damp or cold, sudden changes of temperature, wearing damp clothes; poor or insufficient diet; injuries, internal or

external; fatigue, etc.; or it may be a modified variety of one of the forms of fever elsewhere described.

TREATMENT.—If the disease be recognised very early, before the chills have disappeared, a Camphor pilule every twenty minutes for three times may be all that may be necessary; but if that stage have passed, *Acon.* should be given at once, and repeated every hour, two hours, or three hours, according to the violence of the symptoms.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Chills, followed by great heat and dryness of skin; dry mouth, lips, and tongue; thirst; full, hard, and frequent pulse; hurried breathing, and scanty urine.

Arsenicum.—In some protracted cases, where there is great prostration with feeble pulse.

Belladonna.—When there is intense headache, flushing of the face, congestion of the eyes, and great dread of light and noise.

Bryonia.—Severe muscular pains; painful cough; oppressed breathing.

Camphor.—Severe chills, with lassitude.

ACCESSORIES.—Quiet, repose in bed. Light bed-coverings. The warm bath (see p. 22), the hot foot bath, or the wet-pack. Water should be the principal beverage, in small repeated draughts: it encourages perspiration, promotes the beneficial action of the bath or pack, and lessens thirst. As the fever declines milk diet should precede more substanial food.

24.—Enteric Fever—Typhoid Fever—Infantile Remittent Fever.

DEFINITION.—In children, Enteric fever is called *In-*

fantile Remittent Fever. Hitherto it has been commonly known as *Typhoid fever*, but the term *Enteric* more correctly describes the nature of the disorder. Its chief effects are concentrated on the portions of the bowels (entrails) called the solitary glands and Peyer's patches, which become inflamed and ulcerated. Though this disease attacks adults, the propriety of including it in this Manual may be inferred from the fact that, in this country alone, it causes annually the deaths of about 3,000 children.

CAUSES.—*Exciting.*—(1) Water containing decomposing organic matters, such as that obtained from wells in close proximity to leaky cesspools. (2) Air containing the gases which have been given off by decomposing organic matters, such as that emitted by water-closets, drains, ditches, and sewers.

Predisposing.—(1) Youth. Although Enteric fever may occur at any period up to about the forty-fifth year, it shows a marked preference for young subjects, especially boys, though it seldom occurs before the fifth year. Children are very liable to it, especially from the fifth to the ninth year of life, and, according to our experience, are often attacked when other members of the family escape. (2) The season of the year. The disease is always most widely diffused in the autumn and the first setting in of cold weather ; it occurs with less frequency in spring and early summer. (3) The condition of the atmosphere. A long continuance of hot, dry, summer weather generally promotes the occurrence of the disease ; while, on the other hand, during cold and wet in summer and autumn it is much less frequent.

There is little risk from *contagion.* The attendants on

the sick are rarely attacked. If there be thorough disinfection of all that comes from the patient, there is no reason to fear infection.

Symptoms.—Infantile remittent fever is usually insidious in its invasion, the early symptoms being those of indigestion, languor, poor appetite, constipation, pain in the head, sleeplessness, dull wandering mind, and often delirium at night. The patient complains of much weakness, thirst, and has a dry, red-coated, or cracked tongue. The pulse is quick and feeble, the skin hot, and a bright circumscribed flush appears on the cheek. Enlargement of the abdomen and diarrhœa take place, with tenderness on the right side, below the level of the navel (the right iliac region), and a gurgling feeling is produced there on pressure; there is also increased dulness over the spleen from its enlargement. The *diarrhœic discharges* are of a *light ochre* colour, copious, liquid, and in advanced stages of the disease often contain altered blood.

The *eruption* appears after about the seventh day, and consists of a few rose-coloured dots, which fade away for a moment on pressure. The little spots appear in children chiefly on the back and the extremities, so that if these parts are not examined, the eruption may be overlooked. In a few days each spot disappears, to be succeeded by others.

The *temperature* rises gradually, that in the evening being about 2° higher than in the morning. A considerable and continuous difference between the morning and evening temperature (that in the morning being the lowest) is a favourable indication.

Just as during the increase of the disease the temperature *gradually* rises, so in recovery the decline in the temperature is *gradual*, not sudden as it is in *Typhus*.

A *persistent* temperature of 104°, or an elevation of the morning over the evening temperature, is unfavourable.

Left to themselves, mild cases are over in twenty-one days, but severe ones may last four or five weeks, or even much longer.

Diagnosis.—Enteric fever is sometimes mistaken for other diseases, especially for rapid Consumption. At the time of writing, a girl has just recovered under our care, who had been previously supposed to be sinking under acute Phthisis. In Phthisis, cough and dyspnœa appear earlier and are more severe than in Enteric fever. There are also present the stethoscopic signs of tubercle in the former disease. The typhoid rash and enlargement of the spleen are absent from the consumptive patient. Further, Enteric fever may be mistaken for Meningitis (inflammation of the brain), Tubercular Peritonitis, and Typhus. A careful investigation of each case is necessary in order to form a correct diagnosis.

Dangers.—The great danger is from perforation of the bowels, which is consequent upon the ulcerations before mentioned, and which destroys many patients when recovery seems to be setting in. Hæmorrhage and severe Diarrhœa may lead to a fatal issue, from extreme exhaustion. Danger may also arise from lung-complications—Pneumonia, Bronchitis, or Pleurisy; or the fever may subsequently call into activity latent germs of tubercle.

Treatment.—Administered in the early stage, before diarrhœa has set in, *Baptisia* unquestionably modifies the symptoms, and even cuts short an attack. In the absence of complications we prolong its use until convalescence is established. When there is profuse diarrhœa *Arsenicum* will probably be required.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Arsenicum.—In a late stage of the disease when there is a good deal of purging of thin feculent matter of a *light-ochre* colour, with or without blood.

Baptisia.—Pain in the forehead, flushed face, sleeplessness, slight nocturnal delirium, thirst, thinly white-coated tongue, frequent soft pulse, and heat of skin.

Bryonia—Stands next to *Baptisia* in its relation to the disease. It is indicated by the following symptoms: headache, flushed face, bitter taste in the mouth, heat of skin, and pains in the limbs.

Muriatic Acid.—In putrid sore throat, great depression.

ADDITIONAL REMEDIES.—*Bell.* (when the brain is involved); *Carb.-V.* (offensive and putrid exhalations and excretions); *China* (debility during convalescence); *Ferrum* (as for *China*); *Hyos.* (restlessness); *Merc.* (copious perspirations); *Phosph.* (pneumonia); *Phosph.-Ac.* (debility with much perspiration); *Sulph.* (in convalescence).

SECONDARY DISEASES.—If any troublesome affections arise during convalescence, reference must be made to other parts of this work. We may, however, suggest *Iod.*, *Bry.*, or *Phos.*, for disorders of the chest; *Carbo V.*, *Ign.*, *Merc.*, or *Nux V.*, for indigestion; *Bell.*, *Hyos.*, *Opi.*, *Zinc.*, or *Rhus*, for disorders of the brain. *Deafness* usually disappears with the return of strength, which may be promoted by *China*, *Phos.-Ac.*, or *Sulph.* *China* also moderates hunger, and facilitates the repair necessitated by waste of the fluids of the body. *Sulph.* aids recuperative efforts.

ACCESSORIES.—As in Smallpox and Scarlet fever, the ventilation of the apartment should be as thorough as open doors and windows and a good fire can make it, while the

patient should be protected from draught and kept comfortably warm by additional blankets. Light and sound should be subdued. All unnecessary furniture, and every vessel that is not clean, should be removed. Vessels to receive the excretions should be ready prepared with some disinfectant freely employed, and afterwards removed immediately. A second bed or couch, to which the patient could be removed, affords relief and change of air immediately around his body. But the recumbent posture must be maintained, even during early convalescence. Any violent or sudden movement might occasion a relapse. The linen, including blankets, should be frequently changed. The mouth may be often wiped out with a soft towel, wetted in water which contains a little Condy's fluid, to remove the *sordes* which gather there in low forms of fever. Frequent sponging with tepid or cold water, or *vinegar and water*, drying quickly with a soft towel, is very refreshing and healthful. The body may be sponged piecemeal to avoid fatigue. Washing prevents *bedsores;* if these form, they should be protected by *Arnica* or *Calendula plaster*. In bad cases, a water or air bed may be necessary. In addition to sponging the abdomen, a *wet compress* is of great utility. It tends to diminish excessive diarrhœa, check the ulceration of the ileum, and avert perforation. During the early course of the fever the *wet-pack* is invaluable.

Diet.—At the commencement of the fever, pure water, toast-and-water, gum-water sweetened (1 oz. gum arabic, ½ oz. of loaf-sugar, to one pint of hot water), soda-water, or lemonade is nearly all that will be required. Cold water lowers the temperature of the body, and aids the medical treatment. On account of the dry and shrivelled

state of the tongue, the patient is often unable to relish or swallow any food. To lubricate the mucous membranes and stimulate the salivary glands, a little lemon-juice and water may be given a few minutes before the food. Everything taken into the stomach should be fluid or semi-fluid, until convalescence is established. Milk, arrow-root made with milk, blancmange of isinglass, corn-flour, or ground rice, yolk-of-egg beaten up with a very little brandy, wine,[1] or milk, cold beef-tea, and slightly thickened broths, are nutritious. Nourishment should be given with strict regularity, and frequently. During convalescence, food should only be allowed in great moderation, and never to the capacity of the appetite till the tongue is clean and moist, and the pulse and skin normal. Solids given too early have caused relapse. Change of air, when the child is able to walk, will prove serviceable in establishing his health.

25.—Diphtheria.

Definition.—A contagious febrile disease in which there is exudation of lymph on the lining of the throat, especially the tonsils, soft palate, and upper part of the air-passages, attended with much general prostration, from blood-poisoning; the throat-symptoms being secondary to the blood contamination. It is most important to distinctly recognise the fact that Diphtheria is a blood-disease; that the constitutional disturbances are the *primary* symptoms, and not *secondary* to the physical

[1] Wine is, in my opinion, *very rarely* called for in this disease. Indeed, I am almost disposed to say *never*. My most satisfactory cases—and they have not been few—have been those to which alcohol was not administered. Were I the patient and able to express my wishes, I should say, *Give me no wine.*—G. L.

changes about the throat; and that, therefore, efforts should be made to deal with the whole systemic mischief, rather than to concentrate the attention on the tangible local effects.

Causes.—There is considerable doubt as to the origin of Diphtheria. It has prevailed at intervals for many years; but its peculiar features, as distinguished from those of Croup and similar diseases, have not been recognised until within the present century. Insanitary conditions—impure air from defective drainage, etc., favour its production, especially when animal substances are in a state of decomposition. It is similar to Scarlatina in adhering persistently to walls and furniture; but it is dissimilar in its capacity for rapid transmission. It usually attacks a number of members of the same family, though their exposure to the virus may have been only slight. The severity of the attack seems to depend as much on hereditary constitution, and vigour of the patient, as on the character of the infecting source. Bodily fatigue and nervous exhaustion from excitement render both rich and poor susceptible. Destitution does not occasion it. The one predisposing cause which surpasses all others is *age*, for it is eminently a child's disease. But it rarely attacks a patient twice.

Symptoms.—Diphtheria may be simple or malignant. (1) In the *simple* variety, happily the most common, the symptoms are at first so mild as to excite little complaint beyond slight difficulty of swallowing, or pain in the throat, burning skin, pains in the limbs, etc., and the disease is readily cured by one or more of the remedies prescribed further on.

(2) *Malignant Diphtheria* is sometimes ushered in with

severe fever; rigors, vomiting, or purging; *sudden, great prostration and restlessness, anxious countenance,* small, feeble, rapid pulse—140 and upwards, etc. The gravity of the symptoms points to some overwhelming disease under which the system is labouring. The skin is hot, the face flushed, the throat sore, and the mucous membrane bright red; the tonsils are swollen, and grey or white patches of deposit appear on them, small at first, but gradually enlarging, so that one patch merges into another, forming a false membrane in the throat, rendering swallowing, and even breathing, difficult. In some cases the false membrane has been detached, and, after extreme efforts, ejected, presenting nearly an exact mould of the throat. The exudation of Diphtheria may be distinguished from a slough by its easily crumbling, by the facility with which it can often be detached, and by the surface from which it has been thrown off being red, but not ulcerated. The false membrane looks like dirty, wet wash-leather; and between it and the true membrane an offensive bloody discharge exudes, imparting to the patient's breath a most repulsive odour. The glands of the neck are always enlarged, sometimes pain is felt in the ear, and there is generally stiffness of the neck. The disease is liable to extend rapidly, in consequence of the continuity of the lining membrane of the throat with the mouth, nose, windpipe, and even the air-tubes of the lungs. If the disease progresses, the patient passes into a stupor, and the difficulty of swallowing or breathing increases, till the false membrane is forcibly ejected. Sometimes death takes place unexpectedly from sudden failure of the heart's action, or the patient dies from suffocation, the exudation blocking up the air-tubes. But more frequently he sinks from ex-

haustion, similar to that which occurs in *Enteric fever*. But if a fatal termination do not follow, great and protracted debility ensues, and dangerous effects are often left behind; among which a tendency to some peculiar forms of Paralysis is the most common.

Dangerous Symptoms.—The symptoms which indicate aggravation of the disorder and danger are, increased fœtor of the breath, a quick, feeble, or very slow pulse, persistent vomiting, drowsiness and delirium, bleeding from the nose, and extension of the disease to the lining of the nose, dyspnœa, suppressed or albuminous urine.

Temperature.—The clinical thermometer is of great service in this disease, especially in the case of children who cannot describe their ailments. The temperature rises with the increase of the disease, and prognosticates an unfavourable termination. On the other hand, a cure may be anticipated when the temperature is diminishing, even though there be no other sign of improvement.

Peculiarities.—Some have thought that Diphtheria was *Scarlatina* without an eruption; but close investigation has shown that these diseases are really distinct. In Diphtheria the fever is from the first of an asthenic type, whilst such a condition is an exception in Scarlatina. An attack of Scarlatina confers no exemption from subsequent Diphtheria, and *vice versâ*. The after effects of Diphtheria are of a severe *nervous* character; those of Scarlatina involve mischief in the *kidneys* or the chest.

The differences between *Diphtheria* and *Croup* are pointed out in the Section on the latter disease.

Secondary Diseases.—After a short period of convalescence—a few days to one or two weeks—sequelæ are apt to arise, usually of disordered innervation, varying

from defective nervous power in one or more sets of muscles to a more or less perfectly defined *Paralysis*. The nerves about the throat are especially liable to suffer, causing difficulty of swallowing, hoarseness, etc. The most alarming is loss of nervous power of the heart, with feebleness of action, or in extreme cases, complete cessation. But recovery from the sequelæ is not infrequent, though it is sometimes tedious.

TREATMENT.—*Bell.* should be given at once. In mild cases this medicine may be sufficient, giving a dose every two hours. If no improvement follow its action in about forty-eight hours, *Merc.-Bin.* should be administered every three hours. *Mur.-Ac.* may afterwards be had recourse to if the *Merc.-Bin.* fail to produce any satisfactory result.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Ammon.-Carb.—Burning sensation in the throat, and when there is great physical and mental prostration, especially in the last stage.

Arsenicum.—Cold, clammy sweats, frequent, small pulse, diarrhœa, great thirst, and much prostration.

Belladonna.—Throat red and swollen, with white patches studded over it, dryness of the throat, thirst, etc.

Kali Bichrom.—When the disease extends into the nostrils this medicine may be selected.

Kali Permangan.—In some of the worst cases with intense fœtor of the breath this medicine appears to have acted beneficially.

Merc.-Bin.—Swelling and deep-red appearance of the throat, with specks of exudation, and excessive fœtid secretion.

Mur.-Ac. Putrid state of throat, dry, parched tongue, great weakness, relaxed bowels, etc.

Additional Remedies.—*China* and *Helonias* (debility of convalescence); *Con.* and *Dig.* (enfeebled heart); *Phyto.* and *Phosph.* (hoarseness).

Local Treatment.—At the commencement, a large, thick, hot poultice should be applied around the throat but in advanced, severe cases, external applications are inadmissible, as they rather tend to increase the œdema and extend the disease. The inside of the throat may be steamed with the vapour of water and Acetic Acid (a wine-glassful of strong vinegar to a pint of boiling water).[1]

A very abundant and fœtid false membrane is liable to re-infect the system secondarily, and hence such solvents and deodorisers as *Mur.-Ac.*, *Kali Permang.*, *Glycerine*, *Acetic Acid*, and especially *Mason's Perfumed Carbolic Acid*, are of the greatest value.

Fumigation by burning Sulphur.—In the recent report of a Royal Commission on Diphtheria in Victoria, the value of *Sulphurous Acid*, administered in the gaseous form, is dwelt upon with great force, and we reproduce the recommendations here under the conviction that the results of this treatment will be highly satisfactory. The fumigation of patients is recommended to be carried out much in the same manner as that of fumigating infected clothes and rooms. If thoroughly and properly used, the Commission thinks it will bring Diphtheria into the catalogue of Zymotic diseases, the treatment of which is thoroughly under the control of the profession. But in adopting it there must be no half-measures. By keeping the apartment filled with fumes of burning sulphur, which

[1] Or be sponged with a lotion composed of Acetic Acid one part, Glycerine two parts, and water four parts.—G. L.

are more trustworthy than the spray of Sulphurous Acid, all risk of imperfect instruments is avoided, and it can be used with thorough effect in the case of children, without the desperate struggles and depressing effects which are so much deprecated by practitioners. The report strongly recommends every householder in Victoria to keep a supply of crude sulphur in the house, as its fumes are the most powerful disinfectant we possess; and in diseases of the throat and air-passages threatening Diphtheria, it is a remedy which may be used on every occasion with the utmost benefit till medical aid can be obtained. Its extreme simplicity is a great recommendation, for all that is required is to sprinkle a small quantity of sulphur on a piece of burning wood, or a few live coals in a room, all the apertures of which are closed up, till the room is filled with the fumes.

Warm Vapour.—The temperature of the room should be maintained at 68° Fahr., and the atmosphere made moist by the steam from a kettle with a long spout constantly boiling on the fire. Or such an atmosphere may be procured for the patient by forming a tent with blankets over the bed, and then bringing a pipe to convey the steam under it.

Warm Baths.—These are valuable accessories. The skin is hot and dry, the urine is often suppressed, the bowels confined, and thus the poison is retained in the system. Warm baths, and drinking freely of cold water, often restore the functions of the skin, the bladder, and the bowels.[1]

[1] The great debility accompanying this disease precludes the possibility of the patient taking warm baths, except at the first stage. Sponging with Acetic Acid (one part) and hot water (six parts) twice or three times a day is preferable.—G. L.

DIET, ETC.—The strength of the patient must be sustained, from the very commencement of the disease, by nourishment, and he must be urged to swallow it in spite of the pain which it occasions. Eggs beaten up in milk, or in brandy with water and sugar; beef-tea slightly thickened with rice or pearl-barley; arrowroot or sago, with port or sherry. Sudden, extreme prostration requires wine or brandy.

Children who persistently refuse to swallow must have nutritive injections in bad cases. The injections should be repeated every two to four hours, and consist of about one ounce at a time.

If vomiting occur, sucking small pieces of ice will tend to allay it. Ice also affords comfort to the patient, and favours the action of the kidneys.

CONVALESCENCE.—Much caution and patience are required during convalescence, as relapses are prone to occur. Nourishing diet, rest, and change of air are of great utility. Nothing does so much good as a thorough *change of air*.

PREVENTIVE MEASURES.—The cesspools should be emptied, and if too small or defective, new ones built. The house, water-closets, and local drainage should be thoroughly examined, and imperfections rectified; also, if necessary, chloride of zinc or of lime constantly kept therein, and thrown down the drains. All dust-holes and accumulations of refuse should be cleared away; a plentiful supply of water kept in the house, and every room regularly well-cleaned, whitewashed, and thoroughly ventilated.[1]

[1] See Preventive Measures, Section 2, page 45, which is applicable to Diphtheria.—G. L.

26.—Hooping-cough (*Pertussis*).

Definition.—A paroxysmal cough, chiefly affecting infancy and childhood; consisting of violent, spasmodic, rapidly interrupted fits of coughing, alternating with prolonged, shrill, crowing inspirations, and ending in vomiting, or in the expectoration of thick, glairy mucus.

Hooping-cough is both epidemic and contagious, usually mild in healthy children, but severe and sometimes fatal in the scrofulous. Infants under three years of age are especially liable to it; it is rare after ten. The younger the infant the more dangerous the disease. It frequently occurs as an epidemic about the same time as Measles; and though this may be at any time of the year, these disorders are specially prevalent in spring and autumn. The duration of the disorder varies from two or three weeks to many months. This depends very much on the temperament and constitution of the child. But the duration of the disease may be much abridged by homœopathic treatment.

Cause and Mode of Spreading.—A specific unknown poison which influences the mucous membrane of the bronchial tubes, producing enlargement of the absorbent glands at the root of the lungs, and consequent irritation of the branches of the *pneumo-gastric* nerve distributed to those parts. The poison is transmitted by the atmosphere and by infected clothing. It often follows Measles and Smallpox.

Symptoms.—Hooping-cough usually commences as a Catarrh, with cough, which returns in fits at intervals. In about a week the cough recurs at shorter intervals, in paroxysms of extreme severity, the child turning red or

almost black in the face, and appears as if choking, during which the lungs are emptied of air to the last degree; and then a long, sonorous inspiration, taken to refill them, constitutes the "hoop."

This "hoop" is the signal of the child's safety, for where suffocation does take place it is before the crowing inspiration has been made. The attacks recur every two or three hours, or, in severe cases, oftener, and sometimes blood escapes from the nose, mouth, and even from the ears. The successive fits pass off with the expectoration of glairy, ropy mucus, and sometimes with vomiting. Between the attacks there is such freedom from pain and ease of breathing that the child is lively and cheerful.

Weakness and loss of flesh are, however, occasioned by the repeated ejection of food from the stomach, and by the terror with which the child dreads the attacks. The cough is generally worse at night, so that a decline of nocturnal attacks is a favourable symptom. But it may be brought back with all its severity by exposure to cold, by improper food, and by want of careful nursing during the period of convalescence. In any case it is rarely fatal, though danger is greater during the colder seasons of the year, and in young infants, and strumous children.

Complicated Hooping-cough.—Hooping-cough may supervene upon other diseases and complicate them, or, being primary, other diseases may arise in its course. Congestion of the Lungs, Bronchitis, Emphysema, Pneumonia, Pericarditis, Hydrocephalus, Convulsions, and Infantile Remittent Fever, are the most common complications. Convulsions are especially liable to occur when dentition is in progress during the disease.

If there exist any tendency to lung or mesenteric disease,

Hooping-cough may hasten its invasion. It will be evident, therefore, that professional skill and examination are often necessary during the course of the disease.

TREATMENT.—In the early stage the symptoms are usually those of a common cold, and point to *Acon.* and then to *Ipecac.*, which medicines may be given alternately, or otherwise, as the case may demand. When the spasmodic and peculiarly characteristic "hoop" is decided, *Drosera* should be administered—a dose every three hours.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Febrile symptoms, dry cough, burning pain in larynx.

Belladonna.—Dry cough, spasmodic contraction of larynx, sore throat, flushed face, suffused eyes, convulsions.

Cuprum.—Paroxysms attended with threatened suffocation, vomiting, rattling noise in bronchial tubes, convulsions.

Drosera.—Similar to Cuprum, but without convulsions.

Ipecacuanha.—Dry cough; vomiting, especially in the early stage of the disease.

ADDITIONAL REMEDIES.—*Ant.-Tart.* (Bronchitis, with much sputa); *Bry.* (Pleuritus); *Carbol.-Ac.*[1] (premonitory Catarrh); *Coral.-Rub.* (fully-developed symptoms, return of cough after it has apparently left the patient); *Cina* (cough, with gastric derangement, worms); *Dulcam.* (aggravated by damp); *Kali Bich.* (Bronchitis, with stringy mucus); *Phosph.* (Pneumonia). *Ammon.-Brom.*—Drs. Harley and Gibbs regard this remedy as almost specific, and many cures by it are reported.

ACCESSORIES.—In warm, fine weather the patient may

[1] See *Homœopathic World*, vol. viii. p. 89.

take exercise in the open air during portions of each day indeed, a reasonable degree of exposure to open air, in the absence of unfavourable conditions, is one of the most essential aids towards recovery. But damp and draughts should be strictly avoided, as the skin is generally relaxed, sensitive to cold, and after a paroxysm bathed in perspiration. Warm clothing is therefore necessary. Fits of anger add to the frequency and violence of the paroxysms. Infants must be watched day and night, taken up as soon as a fit comes on, and placed in a favourable posture.

In obstinate cases, *change of air*, if only for a short distance, often proves of great utility.[1]

The inhalation for a few minutes of the vapour which rises from lime used to purify gas has been found very beneficial in some cases.

Another means of relief is to rub the chest and back of the little sufferer with oil for a few minutes every morning and night. Spinal friction is also of service.

Diet.—Light digestible food only, in moderate quantities, frequently given; in the convulsive stage it should be highly nutritious. Toast-and-water, barley-water, or gum-water are grateful and soothing; but a too exclusive slop diet often aggravates the vomiting.

[1] Recently the author was requested to visit a child in Oxfordshire, eighteen months old, whose death was hourly expected from exhaustion, consequent on a severe and prolonged attack of Hooping-cough. The case being extreme, we prescribed *Veratrum* and *Ant.-Tart.*, and urged the importance of *immediate change of air*. Arrangements for carrying out the latter part of our prescription were then and there made, and the child with its nurse started on a short railway journey within three hours of our visit. Improvement set in at once, and complete recovery rapidly ensued.

27.—Mumps (*Parotides*).

Definition.—Inflammatory swelling of the salivary (parotid) glands beneath and in front of the ear, frequently with pain, soreness, and difficulty in moving the jaws. The glands sometimes attain a very large size; the enlargement generally commences on one side, and as it diminishes shows itself on the other side.

Causes.—A specific morbid miasm, generated during peculiar conditions of the atmosphere, which spreads by contagion. Cold and damp favour its appearance. It is also liable to occur during the course of severe fevers, in Cholera, and from large doses of *Iodine* and *Mercury*. It often occurs as an epidemic, particularly in cold, damp weather; is more incident to children after the fifth year than to adults; and only occasionally attacks the same person twice. It is very infectious; children take it from their mates and playfellows.

Symptoms.—At first there is a feeling of stiffness and soreness on moving the jaw, and the child complains of the discomfort of eating; indeed, the pain caused by eating or even drinking is sometimes agonising. The glands under the ear soon begin to swell, and they continue to be sore and painful, with more or less fever and headache, for about a week. There is little danger, although there are instances in which, from exposure to cold or from cold applications, the disease has been transmitted to the testicles in boys, and to the mammæ in girls.

Treatment.—Give *Acon.* every two or three hours for three or four times, then *Merc.-Sol.* 6 every three hours.

Indications for the above and other Remedies.

Aconitum.—Pain and fever.

Belladonna.—Pain, erysipelatous redness of the skin, tendency to metastasis to the brain.

Mercurius Sol.—Foul tongue, increased flow of saliva.

Pulsatilla.—When metastasis takes place to the testicles or mammæ.

Accessory Means.—The child should be kept in a warm room, but not confined to bed. The parts may be fomented with hot water several times a day, and in the intervals covered with a flannel bandage. The patient should be protected from cold, damp, and excitement. In this disease, as also in Quinsy, semi-liquid food is swallowed with much less suffering than either liquid or solid food, and hence should be chiefly used.

CHAPTER II.

CONSTITUTIONAL DISEASES.

28.—Struma—Scrofula.

Definition.—A constitutional disease, very common in children, marked by weak and easily perverted cell-nutrition, and by easily excited and irregular cell-proliferation, tending to the formation of weakly-organised tissues, and to the deposit of tubercle, or to specific inflammations or ulcerations. Occasionally tubercles and strumous ulcerations co-exist. Although strumous symptoms may arise at any age, they are much more frequent in childhood and youth; that is, during the period of rapid growth.

Symptoms.—These may be divided into two classes, latent and active, or general and particular. The characteristics of the scrofulous constitution are chiefly the

following:—The face is round, the skin thick, rough, hairy, or downy, and the complexion dull and pasty-looking; the features are large, the nose looks broad from the expansion of the nostrils, and the lips thick, particularly the upper one; the bones are thick, and the joints large; the fingers are unshapely and thick; the eyelids are often inflamed and look weak; there is a constant secretion from the nose, and the tongue is often large and flabby; the abdomen also is large and prominent, and the hair and nails grow remarkably fast.

Children of this diathesis are liable to the following forms of active disease:—Induration, enlargement, and suppuration of the subcutaneous glands of the neck and below the jaws (popularly called *King's evil*); also in the groins, armpits, and occasionally in other parts of the body; Scrofulous Ophthalmia; Otorrhœa; Ozæna; swellings and caries of bone; Abscesses; white swellings or Hip-joint disease; infantile Convulsions; Acute Hydrocephalus; Tabes Mesenterica; Phthisis; Scald-head; scabby eruptions and cracks on the lips, face, and ears; wounds fester and heal tardily, cicatrices remain long, and are thick and fleshy.

Causes.—Hereditary taint, syphilis, or gout in one or other of the parents, want of pure air in living and sleeping rooms, new damp dwellings, want of sunlight, deficient or poor food, insufficient clothing, want of cleanliness, leucorrhœal or other unhealthy discharge in the mother. Measles, Scarlatina, Hooping-cough, Catarrh, etc., are exciting causes.

Treatment.—This disease is often very obstinate, and months, if not years, may elapse before a cure is effected. The most useful remedies are—*Ars.*, *Calc.*, *Ferr.*, *Iod.*,

Merc., *Phosph.*, and *Sulph.* A dose need not be given oftener than night and morning.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Arsenicum.—This is one of the most important remedial agents in Scrofula, when debility is very marked, and the patient has frequent and *exhausting discharges* from the bowels, sallow complexion, and *emaciation.*

Aurum.—Various *affections of the bones,* and in cases improperly dosed with *Mercury. Ferrum* and *China* are deserving of attention in like cases.

Belladonna.—When sensitive organs are affected—such as the eye, the ear, and the throat; heat, redness, and *pain* in the eye, and *great intolerance of light;* neuralgic pains; sore throat, rendering swallowing difficult; painful swelling of the parotid and other glands, etc. (See "Mumps," pages 84-5.)

Calcarea Carbonica.—Scrofulous cachexia, enlarged abdomen, weakness of the bones, *slow dentition, strumous swellings,* great susceptibility to cold and damp, frequent discharge from the nose. When abundance of good food fails to induce a healthy state of the system—the child being pallid, cold, flabby, and dull—this remedy is of great service.

Ferr.-Iod.—Is of great value in the *anæmic,* impoverished, and cachectic conditions common in Scrofula, from imperfect assimilation of food.

Iod.—Enlargement of the glands, emaciated appearance, with hectic symptoms.

Iris.—*Scabby eruptions* on lips, cheeks, ears, and head frequent bilious diarrhœa.

Mercurius Biniod.—*Enlarged glands;* hard abdomen various eruptions on the head, face, and ears.

Mercurius Sol. 6.—Glandular inflammations with much swelling and redness, the *pains* being *worse at night in bed*, particularly when the glands of the neck are swollen and painful, and there are strumous affections of the eyes; *copious saliva;* disagreeable taste, and frequent and *unhealthy-looking fœtid stools.*

Phos.—Frequently and easily disordered lungs; short, dry cough; tendency to diarrhœa.

Silicea.—Scrofulous ulcers with callous edges; fistulous ulcers; Scaldhead; *Otorrhœa;* scrofulous affections of the bones. It may follow *Calc.*, especially in diseases of the bones.

Sulphur.—Unhealthy skin; Strumous Ophthalmia; humid eruptions behind, or purulent discharge from, the ears; swelling of the axillary glands, tonsils, nose, or upper lip; swelling of the knee, hip, or other joints; defective nutrition; colicky pains, mucous discharges, etc.

Fuller indications for many of the remedies will be found in the Sections specially treating of the disorders mentioned in this Section.

Accessory Means.—In the treatment of strumous children three points are of prime importance—nourishing food, fresh air, and regular exercise. Proper attention to these is necessary, for medicines are not alone sufficient.

Food.—The food should always be sufficient, nutritious, and digestible, but not excessive. Beef, mutton, venison, fowls, and game are the best kinds of animal food; to these should be added preparations of eggs and milk, a due quantity of bread, mealy potatoes, rice, and other farinaceous principles, as more suited to this class of patients than very watery and succulent vegetables.

Cod-liver Oil, as a supplemental article of diet, is an agent possessing such remarkable and well-known properties of arresting general or local strumous symptoms, as not to require further recommendation here. It may be given in the absence of acute febrile symptoms, in small doses, two or three times a day, whenever a patient is losing flesh. A teaspoonful is generally sufficient for a dose, and if it disagrees, half a teaspoonful will suffice at the commencement. Inunction with cod, or with olive-oil, is also of great advantage.

Exercise.—Moderate exercise in the open air is most essential. A bracing mountain or sea air, if it can be borne, is the best. A *cold* climate, if the child is warmly clothed, is generally favourable; but damp is injurious. The patient's room should also be uninterruptedly supplied with *pure air*. *Bathing*, both in fresh and salt water, is invaluable as a means of promoting a healthy action of the skin, and of imparting tone to the whole system. If sea-water cannot be obtained directly from the ocean, *Bumsted's* or *Tidman's sea-salt* will form a valuable substitute.

Clothing should be adapted to the season, and be warm without being oppressive. The extremities especially should be kept warm. As a general rule flannel should be worn, but only during the day; in winter it affords direct warmth, and in summer it tends to neutralise the effects of sudden changes of temperature. The linen should be frequently changed, always observing that it is put on perfectly *dry*.

PREVENTION.—The prevention of strumous diseases consists not alone in the hygienic or medical treatment of the patients, but *primarily* in the correction of the

habits and improving the health of the parents, more particularly in respect to the points referred to under "Causes."

29.—Scrofulous Ophthalmia (*Ophthalmia Strumosa*).

Definition.—Inflammation of the mucous membrane which lines the inner surface of the eyelids and the front part of the globe of the eye, occurring in children of scrofulous constitution, generally under eight years of age, and in young persons advancing towards puberty, living chiefly in low, badly-drained situations.

Symptoms.—The prominent ones are—extreme *intolerance of light*, so that the child only opens his eyes with the greatest difficulty and reluctance; *spasmodic contraction of the orbicularis palpebrarum muscle*, the lids being everted by the spasmodic action; *profuse flowing of tears*, which excoriate the cheeks.

There are also other symptoms of Struma—enlargement of the absorbent glands about the neck, sore ears, large abdomen, etc.

Causes.—As stated, the *predisposing* cause is a strumous constitution; the *exciting* causes are exposure to bright light, cold, and irritating vapours, neglect of cleanliness, etc.

Treatment.—As a general rule it will be advisable to commence with *Sulphur*—a dose three times a day—and to continue it as long as it appears to be acting beneficially. But if no manifest improvement result in four or five days, *Mercurius Cor.* should be given at similar intervals.

Indications for the above and other Remedies.

Arsenicum.—Burning in the eyes; obstinate cases after the failure of other remedies.

Belladonna.—As an intercurrent remedy if the eyelids be much swollen, and if an aggravation has resulted from exposure to cold.

Calcarea Carb.—When with the eye symptoms there are swollen glands in the neck and other marks of the scrofulous constitution.

Euphrasia.—Profuse discharge of tears in addition to the other symptoms.

Mercurius Cor.—Extreme intolerance of light; small pustules at the junction of the cornea with the conjunctiva.

Sulphur.—Chiefly useful when the inflammation of the eyes is the only sign of scrofulous taint.

Accessory Means.—As a *lotion*, warm water should frequently be applied during the acute stage, or tepid milk-and-water. Much comfort may also be derived from holding the eyes over the vapour from hot water.[1] The eyes should be protected by a shade from the sun and wind. Wholesome nourishing food, including cod-liver oil, and pure country or sea air are essential.

30.—Tubercular Meningitis *(Acute Hydrocephalus)*—Water on the Brain.

This disease is frequently fatal to scrofulous children, though all ages are liable to it. Its essentially morbid character consists in the growth of tubercle on the arachnoid membrane of the brain.

[1] I advise a warm lotion of the same medicine as is given internally :—of *Arsen.* 3x, *Bell.* 1, *Euph.* 1, *Merc.-Cor.* 3x, or *Sulph.* 1, twenty drops to a wineglass of water; or *Calc.-Carb.* ϕ, ten grains to a similar quantity of water, using the clear liquid only on the settlement of the undissolved portion of the *Calcarea.*—G. L.

Symptoms.—When occurring in children, the usual manifestations of the disease are—febrile disturbance, quick, irregular pulse; vomiting; constipation, the motions having the appearance of clay; red tongue; and continuous high temperature. The child manifests pain in the head, intolerance of light and noise; has disturbed sleep; grinds his teeth, and is irritable; is unable to stand, from *vertigo;* and becomes generally feeble. He also desires to be quiet; has occasional delirium; looks old and distressed; suddenly cries out; and is very drowsy. Twitching and squinting may also occur. In unfavourable cases coldness of the extremities, clammy perspiration, an exceedingly rapid and feeble pulse, and death supervene.

Treatment.—*Acon.*, followed by *Bell.*, and afterwards *Bry.*, are the medicines in most repute in this disease.

Indications for the above and other Remedies.

Acon.—Febrile disturbance, especially in the early stage.

Arsen.-Iod.—In the last stage with marked prostration and emaciation.

Bell.—Red, hot face; heat of the head; bright or unusually dull eyes; intolerance of light and noise.

Bryon.—Suspicion of impending effusion on the brain.

Helleborus.—Enlargement of the *fontanelles* from copious effusion, pulsation being discernible.

Hyoscyamus.—Frequent starting, and picking with the fingers.

Zincum.—Paralysis of the brain; insensibility and involuntary evacuations.

Sulphur.—During convalescence.

Accessory Treatment.—This should include applications of cold water to the head, liquid diet, sponging the

body with cold or tepid water, followed by rapid drying and *strict quietude.*

31.—Rickets (*Rachitis*).

DEFINITION.—A constitutional disease, manifested chiefly in the mal-nutrition of the bones; which, being deficient in calcareous phosphates, often bend, become stunted, and otherwise deformed.

SYMPTOMS.—When a child reaches the tenth month without any appearance of a tooth, or if at eighteen months old he is unable to walk, Rickets may be strongly suspected. The most noticeable symptom of this disease is *profuse perspiration* of the head, neck, and upper portion of the trunk immediately the child falls asleep, the perspiration standing upon the forehead in beads, or making the pillow wet. The patient desires to lie cool, and kicks off the bedclothes, both in summer and winter. The child is late in walking, the bones of the legs are curved, and the joint-ends enlarged, especially of the wrists and ankles. The fontanelles are late in closing; the head becomes flat and more square than natural, and the little patient desires to lie still and be undisturbed by playthings or company. The appetite is often voracious, and the food passes rapidly, and almost unchanged, through the intestinal canal; there is much straining, and the stools are of variable consistency, and extremely offensive. The flesh wastes away, and there is much muscular weakness; the child is drowsy in the daytime, but restless and uneasy in the night.

In severe cases not merely the leg-bones, but also the spine and the pelvis lose their proper shape; the face is small and triangular, the chin being small, out of all

proportion with the forehead, the teeth project and fall out or soon decay, and the first and second teeth are generally delayed.

The chest also becomes narrow and prominent, and the abdomen large and distended.

Diagnosis.—Rickets may be confounded with Hydrocephalus; but in the former disease the *fontanelles* are depressed, while in the latter they are elevated, and often communicate a sensation of pulsation to the hand. The distinction between *Rickets* and *Curvature of the Spine* is pointed out in the Section on the latter disease.

Causes.—These are to be found in the bad hygienic conditions productive of so many of the diseases of childhood; especially close, old, damp rooms, overcrowding, want of cleanliness, and insufficient supply of good food. The ill-health of the mother during gestation, particularly if she suffered from Leucorrhœa, is a frequent cause. Prolonged nursing, when the milk becomes thin and watery, is another prominent cause of the malady.

Consequences.—These include all kinds of deformities, *bow-legs, pigeon-breast, Curvature of the spine, deformed pelvis* (and, in females, consequent *difficult* and *dangerous* labours), *compression of the internal organs, Abscesses,* and even *Phthisis.* If treated early, however, this disease is very remediable, little or no deformity resulting.

Treatment.—If commenced early, the best results, with little or no deformity, may be expected. The disease has no definite course to run, and at any point the degenerative process may be stayed, a nutritive process initiated, the normal functions restored, and the growth of the child renewed. The medicines in most repute are—*Phosph.-Acid, Silicea, Phosph., Asaf.*

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Asaf.—When the disease is apparently due to the depraved milk of a delicate or unhealthy mother.

Calc.-Carb.—Teething unduly protracted, early decay of teeth, curvature of the spine and limbs, enlargement of the joints and head, belly enlarged, appetite voracious, diarrhœa.

Calc.-Phosph.—Very similar to the above, but diarrhœa and prostration more marked.

Phosph.-Acid and *Phosph.*—With low fever, distended abdomen, diarrhœa, milky urine, or turbid urine which deposits a white sediment.

Silicea.—Skin morbidly susceptible to ulceration, scabby eruptions on the scalp, suppuration of glands, discharge from ears.

Sulphur.—An excellent medicine to commence the treatment with, and to be employed for three or four days, when a remedy that has been productive of good has ceased to operate beneficially.

ACCESSORY MEANS.—Country air, dry and bracing; abundance of sunlight, and out-of-door exercises. These wonderfully promote the cure, by imparting tone to the digestive organs, energy to the nervous system, and, in short, invigorating the whole constitution. Patients not able to walk should sit or recline in the open air, warmly clad, during portions of the day; this will aid recovery far more than passing the chief part of the day in the confined air of a sick-room. Well-ventilated rooms and strict cleanliness are also necessary. Further, tepid or cold bathing, every morning, especially in salt-water, followed by frictions down the back, for five or ten minutes. In the evening, the frictions should be repeated.

DIET.—Nourishing food, which should be well masti-

cated, is of great importance. It should include milk, meat, animal broths, brown-bread, etc. The administration of a moderate quantity of finely-shaved juicy beef, followed by a dessert-spoonful of Tokay or Malaga once or twice a day, is advisable in some cases. *Malt or barley-food* is especially suitable for rickety children. If finely ground, the sediment from the husk need not be removed from the prepared food, as it is very nutritious, and rich in bone-forming materials. Boil four tablespoonfuls of *ground malt* in a pint of water for ten minutes. Pour off the liquid, and add an equal quantity of new milk. This food is very agreeable to children, and highly nutritious.

Surgical Measures.—If mechanical support be necessary for curvatures of the lower limbs, simple straight wooden splints, kept in place by a good bandage, are the best. But weakly children should be first treated by the administration of Cod-liver oil, and other remedies we have prescribed, and splints applied when the child's condition is improved, should they still appear necessary. As just stated, Cod-liver oil is an important remedy, but it should only be given in small doses, ten to twenty drops at first, and the quantity gradually increased to a teaspoonful. Small pieces of ice put into each dose render the oil almost tasteless. During its administration the evacuations should be examined, for the appearance and odour of the oil in them are signs that the quantity should be reduced.

32.—Consumption of the Bowels.[1]

(*Tabes Mesenterica.*)

Definition.—A deposit of tubercles in the mesenteric glands, by which the process of nutrition is interfered

[1] See *Homœopathic World*, vol. viii., pp. 12, 39.

with; growth is arrested; there is a gradual waste of the tissues, and unless effective treatment be adopted, death ultimately results. It most commonly occurs from about the eighth month to the tenth year.

SYMPTOMS.—Pain in the bowels, causing the child to keep the legs drawn up; swollen, tense abdomen; variable, though frequently relaxed, bowels; the motions being undigested or clay-coloured, and fœtid; deep-red and cracked lips; changeable appetite. Towards the close we have an aged look; pale and flabby skin; Thrush; Hectic fever; obstinate Diarrhœa; night sweats; extreme thirst; emaciation and starvation resulting from complete arrest of the functions of nutrition.

TREATMENT.—If seen early a few doses of *Sulphur*, followed by a course of *Calc.-Carb.* or *Merc.-Bin.* will probably prove most beneficial.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Arsenicum Iod.—Prostration, weakness, thirst, profuse diarrhœa.

Calc.-Carb.—Well-marked scrofulous cachexia, swelling of glands, listlessness, aged expression.

Iodium.—Diarrhœa, cough, night-sweats, and variable appetite.

Merc.-Bin.[1]—Profuse diarrhœa, variable appetite, great distention and tenderness of abdomen, thirst.

Sulphur.—In the first stage, and during convalescence.

ACCESSORY MEANS.—Change of air, to the country or seaside; warm or tepid salt-water baths; warm clothing, including a flannel bandage around the abdomen; and good nourishing food—fresh meat, beaf-tea, goat's milk, *Soda-water* or *Lime-water* with milk, and *Cod-liver oil.*

[1] My most brilliant cures have been effected with this medicine.—G. L.

Anointing with Olive-oil—rubbing the oil gently over all the body—is of great benefit in all wasting diseases. The oil appears to be absorbed by the lymphatics, and conveyed into the circulation, thus nourishing the system, and improving the tone of the body. The importance of this proceeding is at once apparent by considering that the child is literally dying of starvation. The friction also has a beneficial effect, gently stimulating the organs to functional activity, and soothing irritation.

CHAPTER III.

DISEASES OF THE NERVOUS SYSTEM.

33.—Heat-Stroke—Sun-stroke.

DEFINITION.—Acute poisoning of the nerve-centres, from excessive heat of the blood, generally bearing with more or less direct force on the centres of breathing and circulation. Although mainly a tropical disease, it is not infrequent in this and other temperate climates in the heat of the summer, and then especially, its symptoms are often mistaken for those produced by morbid conditions arising from other causes.

CAUSES.—In infants and young children, as in adults, it may be produced by exposure to the direct heat of the sun; and also by an excessively high temperature in bedrooms or nurseries, but only when the general atmosphere is high. Now, inasmuch as these attacks often occur in infants during teething, the case is supposed to be one of dental irritation, the poisonous action of the over-heated blood being ignored, and the treatment directed to the condition

of the gums, to the Diarrhœa, or to the nervous irritability that may co-exist. Or the child is supposed to be suffering from the initiatory symptoms of fever. It seems highly probable that the direct action of excessive heat on the skin is the chief cause, by paralysing the sweat-glands.

The perspiration, by its constant evaporation, is the main source of a continuous radiation of heat, which prevents the temperature of the blood from rising unduly; the sudden arrest of the perspiration while heat is pouring into the body from an over-heated atmosphere, is therefore sufficient to account for a large rise of the general temperature of the blood. Further, the foulness of the air in crowded and ill-ventilated rooms or dormitories, probably aids in suppressing the skin-functions.

Moreover, it would doubtless be wrong to assume that the subsequent phenomena are wholly due to the mere influence of superheated blood upon the nervous centres; the action of the over-hot blood causes a rapid destruction of many different tissues of the body, and the effete relics of this wasting process accumulate in the blood in default of the customary depurating action of the sweat-glands; and this may co-operate somewhat—though not so much as many authors have supposed—with the direct action of heat, pure and simple.

It should be mentioned also, that in all those cases where, from improper dress, the chest is compressed and the action of the lungs impeded, both the cooling and the depuration of the blood are additionally interfered with.—(*F. E. Anstie, M.D.*)

Symptoms.—Under the conditions above stated, the perspiratory action of the skin is suppressed, and the general

surface becomes of a dry, burning heat; this state of things is often soon succeeded by further disturbances, which usually take the form of *Diarrhœa.* This fact is noteworthy, because in adults Sun-stroke is almost invariably accompanied by obstinate *Constipation.* Unless perspiration be quickly restored, profound depression of the nervous centres follows in the form of general Convulsions. Between the attacks the patient lies listless, with closed eyes, or absolutely comatose. He may either sink in profound Coma, or suddenly start up in the nurse's arms, with blanched face and dilated pupils, take two or three gasping inspirations, and die in syncope.

Treatment.—The child must be at once shaded from the sun's rays and removed to a cool place, free from draught. He should be quickly stripped, and, *if there are no Convulsions*, placed in an empty bath, while repeated canfuls of cold water are poured over his neck and shoulders, until the temperature is reduced below 102. At the same time *Camphor* should be held to the nostrils; or, if the child can swallow, one drop of *Tincture of Camphor* on a little crushed loaf-sugar; in the event of *Camphor* not being at hand, a little brandy-and-water (a teaspoonful of each) may be administered. The danger once over, *Aconite* may be substituted for the *Camphor*, and two or three drops given in a teaspoonful of water every ten minutes until the skin becomes moist and somewhat cool. In cases where Convulsions occur, the child should be placed in a tepid bath, and cold water added, or even ice, until the heat of the body is diminished permanently to about 98°. At the same time *Aconite* should be administered as above, or should the eyes be staring and glistening, *Belladonna* may be substituted. This treatment will

generally prove sufficient. But in exceptional cases other remedies may be required, as follows :—

Bryonia (nausea, vomiting, and diarrhœa); *Helleborus* (drowsiness and headache, continuing after the heat of the body is reduced); *Hyoscyamus* (persistent convulsions and startings); *Veratrum Viride* (continued diarrhœa, with heat of skin).

Sequelæ.—The after effects of this alarming disease demand serious consideration. The skin tardily resumes its wonted activity, and obstinate Constipation, persistent Headache, loss of memory, Paralysis, or even Epilepsy may follow in its wake. These results, however, are much less likely to arise under homœopathic than under allopathic treatment.

The activity of the skin may be promoted by bathings, and subsequent frictions; Constipation may be combated by *Opium* or *Bell.*; Headache by *Glonoine*, *Helleborus*, or *Hyoscyamus*; and loss of memory by *Woorara*. Epilepsy and Paralysis, being due to more profound disturbances of the nerve-centres, require all the care and skill of the experienced physician. Good may, however, be derived from the administration of *Bell.*, *Hyos.*, *Cup.*, *Stram.*, *Nux V.*, or *Zinc.*, according to the indications.

34.—Chronic Hydrocephalus—Water in the Head.

Definition.—A collection of watery fluid within the skull, from congenital or acquired causes. It generally occurs in infancy within the first year, before the sutures and fontanelles are closed, so that the bones yield to pressure from within. Infants are sometimes born with the

disease, when it may be a cause of difficult labour. Children of seven or eight years are occasionally attacked.

Symptoms.—The premonitory are not very distinctive: if the disease be congenital, there may be squinting, or rolling of the eyes, followed by convulsions and enlargement of the head. The most marked features are—disproportion between the size of the skull and that of the face. The fontanelles are wider than usual, and the bones feel thin under the fingers. Emaciation is generally present through non-nutrition; but in some cases there is an unnaturally fat condition. Infants suck well, even voraciously, yet do not grow; the bowels are constipated and the motions unhealthy. The gradually-enlarging head soon attracts notice: the anterior fontanelle pulsates, there is heat of the head, and restlessness. Fluctuation may be felt on the top of the head, the hair ceases to grow as usual, the face appears small and triangular, the countenance has a dull, aged appearance, and the patient continually wishes to lie down. In unfavourable cases, the senses become impaired, Paralysis sets in, and the patient dies either from exhaustion, Convulsions, or Spasmodic Croup, to which such children are liable. The disease may last from one to eight, or even ten years. Should effusion be arrested, the serum already present is scarcely ever absorbed.

Causes.—Chronic Hydrocephalus is usually associated with the scrofulous cachexia; sometimes it follows Scarlatina, Hooping-cough, or Measles. The progeny of the intermarriage of cousins are not infrequently hydrocephalic. The disease is also common in the children and grandchildren of drunkards. The most common *exciting*

causes are—exposure to heat or cold, injuries of the head, suppressed eruptions, or extended Inflammation of the ears.

TREATMENT.—In the early stage *Bell.* will probably be the most useful medicine to give, followed by *Calc.-Carb.* or *Merc.-Sol.* 6, or alternated with it.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Apis.—Urine scanty, throat œdematous, traceable to Scarlatina.

Arsen.-Iod.—Tubercular cachexia, with enlarged abdominal glands, cough, and inanition or prostration.

Belladonna.—Convulsions, and other acute symptoms.

Calc.-Carb.—Joints large, bones soft or curved, teeth delayed or decayed, nutrition defective, especially in strumous children.

Digitalis.—Urine suppressed or scanty; circulation feeble; particularly suitable for the children of drunkards.

Ferrum Iod.—A puffy, flabby state of the system, enlarged glands, hard abdomen, and pale, earthy complexion.

Helleborus.—Head very large, or enlarging fast. Acute symptoms.

Mercurius S. 6.—Syphilitic cachexia.

Silicea.—Tendency to suppuration, perspiration of the hand, and other symptoms like those under *Calc.-Carb.*

Sulph.—Tedious cases; skin dry, or covered with various eruptions.

ACCESSORY TREATMENT.—The most important points are—fresh air, out-of-door exercise, Cod-liver oil, and nourishing food. See also the following Section, and "Acute Hydrocephalus."

35.—Infantile Convulsions (*Membrorum distentio infantilis*).—Fits.

Definition.—Violent, irregular contraction of the voluntary muscles, alternating with relaxation.

Symptoms.—In simple cases there is slight twitching of the facial muscles, rolling of the eyes, and some difficulty or irregularity of breathing, which soon pass off spontaneously. Severe cases are marked by sudden loss of sensibility, violent movements of the arms, legs, and head; turning of the eyes so that the white is visible, and the pupils almost invisible; pallor or redness of the face; lividity of the lips; clenching of the hands, the thumb being *under* the fingers; and bending of the great toes upon the soles of the feet. The fit may last for one or two minutes, when it passes off either altogether, or to recur after a longer or shorter interval. The slighter attacks are common to new-born infants.

Causes.—The irritation of Dentition, or of Indigestion, Worms, etc.; a blow or fall; fright; disease of the brain, impure supply of blood to the brain, as in the eruptive fevers; feeble action of the heart; deficient supply of blood from defective nourishment; suppressed eruptions; powerful mental emotions, worry, over-heating, or Indigestion in the nursing mother. More remote causes may be general ill-health of the parents, too early or too late marriage, and inherited taint of constitution.

Treatment.—If the exciting cause be known, the medicine most closely indicated in such a case should be administered, but if the cause cannot be ascertained, *Camphor* may be employed at once pending the arrival of professional assistance, or until the choice of the appropriate

remedy can be made. The *Camphor* may be given by inhalation, or by putting a drop of the tincture on the tip of the little finger, and inserting it between the lips of the patient. After *Camphor*, *Bell.* and *Cham.* are the most important remedies.

EPITOME OF TREATMENT.

From Teething.—Acon., Bell., Cham., Kali Brom.,[1] Ver.-Vir.

From Mental Emotions.—Acon., Op., Coffea.

From Gastric Derangements.—Nux V. (constipation), Ipecac. (vomiting), Puls. (from fatty food).

From Brain Diseases.—Acon., Bell., Gels., Hell., Hyos, Kali Brom., Ver.-Vir.

From Repelled Eruptions.—Ammon.-Carb., Bell., Bry.

From Worms.—Calc.-C., Cina, Ign., Sulph.

INDICATIONS FOR SOME OF THE MOST USEFUL REMEDIES.

Aconitum.—*Fever;* restlessness; fits caused by *fright* or excitement.

Belladonna.—*Red face;* brilliant eyes; heat of the head, starting at the least noise; rigidity of the whole body.

Bryonia.—From repelled eruptions; cough and difficulty of breathing.

Camphor.—*Depression of the fontanelles.*—(For infants, one or two drops on a little loaf sugar, which should be crushed and mixed, and a small quantity of the camphorated sugar placed on the child's tongue.)

Chamomilla.—*Redness of one cheek,* the other being pale; twitching of the muscles of the face, sour vomiting.

Hyoscyamus.—Much starting and twitching in sleep; heaviness of the head, and fretfulness.

Opium.—Dark red or purple, swollen and hot face

[1] See *Homœopathic World,* vol. viii., pp. 8, 9.

turning the eyes upwards; insensibility to light; *snoring breathing;* suppressed urine; confined bowels.

Veratrum Viride.[1]—Convulsions following each other rapidly.

Accessory Treatment.—The clothing should at once be loosened, the head raised, the face sprinkled with cold water, and fresh air be admitted. Should the child not at once recover, he should be placed in a *warm bath* at 90°, as follows:—

The patient should be immersed in water up to the neck, and directly afterwards a towel or sponge, squeezed out of cold water, applied to the head; the cold towel or sponge may be applied for about two minutes, but the patient kept in the bath for five or ten minutes. The temperature should be *fully maintained,* by additions of hot water carefully poured down the side of the bath till the patient is taken out. The bath should be given in front of a good fire, and a warmed blanket be in readiness to wrap the child in directly he leaves the bath. The hot bath is of great service; it draws the blood from the overloaded brain to the general surface of the body.

If there be sickness without vomiting, warm water should be administered, or the throat tickled with a feather. If the child's bowels are constipated, an injection of tepid milk and water, or of milk and oil, should be given. When a nursing mother becomes overheated, or violently excited, her blood and milk are thereby poisoned. Under such circumstances the milk should be withdrawn, and the brain and blood allowed to cool down before nursing again, or serious or even fatal results may ensue. In some cases one or two doses of *Aconite* or *Opium* should be given to the mother.

[1] See *Homœopathic World,* vol. vii., p. 86.

PREVENTIVE.—When there is a tendency to Convulsions, as shown by a foul tongue and breath, disordered evacuations, with screaming, restlessness, etc., the addition of *lime-water* to the child's milk (a table-spoonful to a feeding-bottle of milk) often acts as a preventive. It has been thought that the old remedy—*Hyd. cum creta*—owed its doubtful reputation to the quantity of chalk this preparation contained, the chalk neutralising to a certain extent the acid secretions of the intestinal canal.

36.—Spasmodic Croup—Child-crowing

(*Laryngismus Stridulus*).

DEFINITION.—These names are applied to a disease quite distinct from true Croup (see p. 140), for it is a purely nervous affection, inducing *Spasm of the glottis*. It occurs in early childhood, before the end of the first dentition.

CAUSES.—Child-crowing being essentially a nervous disorder, it is liable to be produced by various causes which excite nervous irritability; hence it occurs most often in children during the primary dentition, especially those who are brought up by hand. The air of badly ventilated rooms, saturated as it often is by animal exhalations, is not an infrequent cause.

SYMPTOMS.—It comes on suddenly, most frequently in the night, with a spasm of the muscles of the throat, and a loud crowing inspiration, so that the child struggles to get his breath, and becomes livid in the lips. The spasm may last several minutes, and then suddenly relax; or, in bad neglected cases, death may occur from suffocation.

DIAGNOSES FROM CROUP.—Laryngismus Stridulus comes

on suddenly, and is not usually or necessarily attended with hoarseness, cough, or fever.

TREATMENT.—*Acon.* is of priceless value in Spasmodic Croup, and should be given before any other remedy—a dose every five or ten minutes, for three or four times, or until the spasm relaxes. *Bell.* is also of great service, and is preferred to *Acon.* by some physicians.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Acon.—Is to be preferred if the skin be hot and dry, and the pulse hard, full, and accelerated.

Bell.—Much arterial and cerebral excitement.

Hep.-S.—To be used after *Acon.* or *Bell.* if wheezing or hoarseness is left after the spasm is relaxed.

Moschus.—When the constriction in the larynx feels as if caused by the vapour of sulphur, and with inclination to cough.

Spongia.—An excellent remedy to be administered after *Acon.* or *Bell.*, and for some days—a dose three times a day.

ACCESSORY MEANS.—Fomentation to the throat, by means of a sponge wrung out of hot water; the warm bath; and the removal of any known exciting cause, especially such as arise in the digestive organs.

37.—Epilepsy—Falling-Sickness.

DEFINITION.—Sudden and complete loss of consciousness and sensibility, with spasmodic contractions of the muscles, followed by exhaustion and deep sleep. The fit is often ushered in by a cry or scream, and the tongue is bitten unconsciously.

PREMONITORY SYMPTOMS.—An approaching seizure is

sometimes announced by headache, shooting pains, giddiness, indistinctness of vision, sparks of various colours, strong odours, sneezing, strange tastes, hoarseness, humming noises, loud reports, irritability, dejection, and various illusions. But the most striking premonition is the *aura epileptica*, a peculiar sensation passing along the limbs, the head, or stomach, which, as soon as it stops, is followed by the fit.

Symptoms.—The patient utters a loud, terrifying shriek, and falls convulsed and insensible. The movements of the head and neck are often most violent, one side being more affected than the other; the jaws are clenched, foam issues from the mouth, often tinged with blood from the tongue being bitten; the eyes are fixed and staring, or roll about; the hands are firmly clenched over the thumbs; urine and fæces sometimes escape involuntarily; breathing is difficult, the face pale, the veins of the forehead distended; the heart's action violent and irregular, and death seems inevitable. After from one to three minutes the fit relaxes, leaving the patient insensible, and in a profound sleep. On awaking, the child generally seems bewildered.

There is a milder form, in which the child suddenly leaves off play, stands stupefied for a few seconds, the face turning pale, then resumes his play, as if nothing had occurred. This is *le petit mal* of the French, and may grow into the severer form, *le grand mal*, previously described.

Causes.—Hereditary tendency; injury of the skull; local irritation, as a splinter or shot under the skin; tumours; inflammations; parasites in the brain; malformation of, or deposits in the skull. The *exciting* causes in children are fright, fits of rage, nervous perturbation,

Hysteria, physical and psychical prostration. Fits are most liable to occur between the second and tenth years, during the period of the second dentition.

Other causes are—gastric disorder, the irritation of worms, repelled eruptions, especially about the head. The disease is more amenable to treatment in children than in adults; but hereditary tendency is always an unfavourable element in a case.

TREATMENT.—1. *During the fit.*—It is very doubtful whether any medicine is of much service when given immediately before the occurrence of or during a paroxysm. Sniffing the *Nitrate of Amyle* immediately on the occurrence of the aura, or other symptoms of a fit, is said to be efficacious in warding off an attack, and Dr. Hughes looks with some hope to finding in *Glonoine* a powerful agent in controlling the disease, as it occupies the same ground and traverses the same path as the epileptic *nisus*. 2. *Between the fits.*—*Bell.*, *Calc.-Carb.*, and *Cuprum* have acquired the highest reputation in the treatment of this disease. A dose of the selected remedy may be administered once or twice a day.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Belladonna.—Redness of the face, sparkling of the eyes, heat of the head, dilated pupils, complete loss of consciousness, foam at the mouth, involuntary action of bowels and bladder.

Calcarea Carb.—Especially useful when the fits depend upon the morbid influence of a scrofulous condition.

Chamomilla.—Occurring in irritable children; the attacks often preceded by colicky pains, sour vomitings, and paleness of one cheek and redness of another.

Cina.—When the fits are evidently due to the irritation of worms.

Cuprum.—Severe convulsions, the spasms usually commencing in the fingers or toes; salivation.

Ignatia.—In attacks having an emotional origin, and before the disease has become chronic.

Nux Vomica.—Attacks preceded by constipation and anger.

Sulphur.—Arising from suppressed eruptions or discharges; also in scrofulous children.

Accessory Means.—The patient's tongue should be put back into his mouth, and a cork or linen pad fixed between his molar teeth; he should be laid on a couch or rug, fresh air freely admitted around him, his head slightly raised, and all ligatures relaxed that interfere with circulation and breathing. Throwing cold water on the face does no good; and restraint should not be exercised beyond what is absolutely necessary. In Epilepsy preceded by the *aura*, a firm ligature applied above the part where the sensation is felt is said to prevent the attack. After the fit, the patient should be allowed to pass undisturbed the period of sleep which follows. Hygienic treatment, especially such as the causes of the disease suggest, is of great importance. Under this head we would prominently mention sponging the body, and especially the head, every morning with cold water, quickly followed by rapid and thorough drying. Shower-baths do not usually agree, and bathing in the open sea is obviously dangerous. All violent emotions, excesses of every kind, and especially the precocious development or the unnatural excitation of the sexual instinct, must be strictly interdicted or prevented.

Regular out-of-door exercise is beneficial, but it should

never be carried too far, as fatigue often excites an attack. Epileptic patients require much *rest* and frequent change: boys and girls should not on any account sit at lessons for three or four consecutive hours. Studies and open-air recreations should be pleasantly blended.

Should fright, disappointment, anxiety, or other mental influences tend to keep up the disease, a thorough change is necessary, including change of residence, companions, and habits. "All ambitious intellectual exertion, especially rapid and discursive reading and writing against time, should be absolutely prohibited. But moderate employment of the thoughts, especially on familiar and interesting hobbies, is useful in preventing that stagnation or concentration of the mind upon itself which is so hurtful in all chronic complaints" (*Chambers*). Further, the mind requires pabulum and exercise for its healthy growth. The *diet* should be nourishing and taken regularly, in moderate quantities, including animal food once or twice a day. As the appetite is often voracious, it should be judiciously controlled.[1]

38.—Paralysis.

DEFINITION.—Palsy or loss of motion. It usually affects one of the lower limbs, and occasionally the whole of one side, or both legs; or it may be confined to a single muscle. It most frequently occurs during the period of dentition.

SYMPTOMS.—The disease may be ushered in by feverish-

[1] I believe an almost exclusively vegetable diet is likely to be very beneficial. One of my patients, whose case was apparently due to irritation of the reproductive organs, found it to lessen the violence and frequency of the attacks very considerably.—G. L.

ness, or even convulsions, and when the attention is withdrawn from the acute symptoms it is found that the child has to some extent lost its power of motion. The palsy may be at first slight, and quickly disappear, or it may gradually increase till the part can scarcely be moved at all; or the loss of power may be both sudden and complete. As all the muscles are not always paralysed to an equal extent, the limb may become contorted by the contraction of those muscles which still retain power. Hence, in chronic cases, may result club-foot, drawing of the toes upon the sole of the foot, drawing up of the leg, drawing together of the thighs, etc.

Diagnosis.—This disease may be distinguished from Meningitis and Hydrocephalus by the absence of the acute symptoms which attend the latter diseases. It may also be distinguished from joint-disease by the fact that passive motion is *easy* and *painless*, the joints being relaxed; while in joint-disease passive motion is difficult and exceedingly painful.

Causes.—These are remarkably obscure: it has been attributed to a chill, as from sitting on a cold stone, or damp grass, and to the irritation of teething. It is sometimes due to the pressure of a tumour or enlarged gland.

Treatment.—In the early stage of the disease *Acon.* should be the medicine administered. In a day or two *Bell.* or *Gelsem.* will be more appropriate. Later on *Nux* or *Phos.* may be required.

Indications for the above and other Remedies.

Aconitum.—In recent cases, consequent upon cold, or attended with inflammatory disturbance.

Belladonna.—Paralysis associated with convulsions, flushed face, intolerance of light.

Gelseminum.—When the symptoms combine those of *Acon.* and *Bell.*

Calcarea Carb.—Palsy, with general debility and malnutrition; enlarged glands, and other evidences of scrofula.

Nux Vomica.—Loss of power in the lower limbs, with co-existing indigestion and constipation.

Phos.—Following debilitating losses, such as diarrhœa, etc.; resulting from fatty degeneration.[1]

Rhus Tox.—The best remedy for the disease when occurring as a sequel of fever.

Accessory Means.—Every effort must be made to raise the tone of the whole system by fresh air, out-of-door exercise, salt-water baths, etc. When there is much debility, *Cod-liver oil* is often of signal benefit. Friction and passive motion are also valuable accessories. In obstinate cases, *local galvanism* to the affected muscles will sometimes effect a cure. The daily application of faradisation for weeks or even months may be necessary. If the disease has been neglected for several years, fatty degeneration may have taken place, in which case electricity is inadmissible.

39.—Chorea—St. Vitus's Dance.

Definition.—A disease characterised by involuntary, convulsive muscular movements and ludicrous gesticulations, involving the face and limbs.

Symptoms.—Twitching movements of the hands and arms, gradually extending to the muscles of the head,

[1] In 1876, a child, aged three years, was brought to me with complete loss of power of the lower limbs. He had been so afflicted for four months; the disease was a sequel of Chronic Diarrhœa. By the aid of *Phos.* the patient was able to walk without assistance in a month.—G. L.

neck, and trunk. In some cases the patient can neither stand nor walk, and can with difficulty lie in bed. One side or both sides of the body may be affected. *Stammering* and *stuttering* are local manifestations of Chorea.

Causes.—Fright, irritation from dentition, or worms; Onanism, deranged uterine functions; Anæmia; Hysteria, or descent from nervous, hysterical women, and disease of the nerve-centres. Rheumatism is often a cause. "Contagion of the eye" is another frequent cause; that is, patients seeing others suffering from the disease are liable to contract it, by voluntary or involuntary imitation.

Indications for Treatment.

Aconitum.—From fright or cold, especially if fever symptoms accompany the spasmodic movements.

Cimicifuga.—If traceable to rheumatism.

Cina.—In cases due to thread-worms.

Ferrum.—With considerable Anæmia.

Ignatia.—From depressing emotions; in hysterical persons.

Additional Remedies.—*Agar.-M., Ars., Bell., Cuprum, Hyos., Phos., Stram., Zincum.*

Accessory Means.—The primary cause of the disorder should be diligently investigated, and when discovered, suitable treatment thereto adopted. A *change of air*, as well as of the general surroundings of the patient, is frequently of great advantage. We have again and again found obstinate cases yield rapidly to this course when other courses had but partially succeeded.

Rest in bed for several days is often advisable; it secures a uniform temperature, and repose for the muscular and nervous systems; at the same time it reduces the wear-and-tear of the system to a minimum.

The diet should be plain, sufficient, and taken regularly at three meals daily.

40.—Headache.

Headache may be either a symptom of simple functional disturbance of the brain or other organs, or it may be an early symptom of disease of the brain.

Our chief object in this Section is to give directions for the cure of *simple* Headache, from whatever cause it may arise; and to point out the symptoms which indicate organic intercranial change. Diseases of the brain, especially organic, are most deceptive, and difficult of detection and diagnosis. They are prone to run a rapid course, and to end suddenly, and often unexpectedly, in death.

When a child complains of Headache, or if too young to complain, shows by his desire to lie down, or to have the head supported, by restlessness and peevishness, that his head aches, it is always well to inquire if he has had a fall upon, or any injury to, the head, been exposed to a hot sun or to great heat, or if he has taken indigestible food. Should the affection have no definable cause, and persist after the administration of the remedies prescribed, we must, by carefully noting the condition of the child, endeavour to discover the true source of the ailment. Should the head be hot, and the eyes bright and staring, congestion is probably present. Should the head be large, and the fontanelles open, the sleep restless—the child starting and rolling his head from side to side—*Tubercular Meningitis* may be strongly suspected. If the head become large and somewhat square, and the

flesh waste and become flabby, then *Chronic Hydrocephalus* is to be feared. The occasional discharge of a clot of blood from the nostrils, with Headache and restlessness, is often of serious import. But headache, and the diseases on which it depends, may be generally cured if early treatment be adopted.

TREATMENT.—For Headache arising—

From Exposure to Heat.—Acon., Bell., Glon.

From Indigestion.—Iris, Nux, Puls.

From Injury.—Arn.

INDICATIONS FOR THE ABOVE REMEDIES.

Aconitum.—Throbbing pain, fever symptoms.

Arnica.—Following an injury.

Belladonna.—Pain in the temples, or the back of the head, red face, bright eyes, dilated pupils, starting and screaming in sleep.

Glonoine.—Coming on suddenly; paleness of face; faintness and inability to hold the head erect.

Iris.—With bilious vomiting or purging.

Nux Vomica.—With constipation; worse in the morning and in the open air; in girls and boys of a dark complexion.

Pulsatilla.—Worse in the evening, relieved in the open air; in girls and boys of fair complexion.

ACCESSORY TREATMENT.—The *wet compress*, in the form of a thick soft canvas cap, with an oiled-silk cover, is an admirable application in almost all kinds of Headache. When the head is very hot, cold affusions are highly advantageous; but the feet should be kept warm by friction, or by artificial heat. The patient should lie in a quiet room with a subdued light, and be protected from every kind of disturbance.

41.—Sleeplessness.

Sleeplessness is a symptom rather than a disease *per se.* It may depend upon a disease—of which it forms a prominent symptom—or upon irritation of the nervous system, the excitement produced by strong emotions, or from the head being propped up too high. We purpose here to treat principally of the complaint as it occurs unconnected with any grave disease; but inasmuch as the remedies suitable for simple sleeplessness are often the most efficient in overcoming insomnia connected with serious disease, the latter will be incidentally mentioned.

Remedies.—*Aconitum.*—Sleeplessness from fright, agitation, or anxiety, with *febrile heat.*

Belladonna.—Great desire, but inability to sleep; fear, agitation, and frightful visions; continued crying without assignable cause; *heat and throbbing* in the head.

Coffea.—Sleeplessness due to, or accompanied with, *agreeable excitement,* laughter, playfulness, etc., and unaccompanied by feverishness.

Hyoscyamus.—Sleeplessness in sensitive or irritable children, from nervous excitement.

Ignatia.—When due to *grief,* depressing emotions, or *Thread-worms.*

Nux Vomica.—Flow of ideas preventing sleep; *Indigestion* or *Constipation.*

Opium.—Hideous visions after a fright.

Pulsatilla.—From repletion or *indigestible food.*

Accessory Means.—When a child cannot fall asleep at the accustomed hour, he should be turned from the light, or the room should be darkened, quiet maintained, and the head a little lowered. Bathing the head and

neck, with cold water, and well drying by rubbing them with a rough towel, will often be useful. Smoothing back the hair with the hand, or singing in a low monotonous tone, has often a soothing effect. It is very important to ascertain if the child's feet are warm, and if necessary to make them so by warm applications or friction. If too many hours have elapsed since the child has taken food, a biscuit or two, with a little milk-and-water, may be all that is necessary to bring about the desired slumber. When the child starts in sleep and cries, refusing to be pacified, it is often best to wake him thoroughly from his half-sleeping condition, when the dreams and visions that disturbed him will probably not return.

Infants should early be accustomed to the habit of being *put to bed awake;* this proceeding will save the mother a great amount of trouble; at the same time, the habit involves the exercise of a certain amount of discipline that will aid in the formation of youthful character.

CHAPTER IV.

DISEASES OF THE EYE, EAR, ETC.

42.—Purulent Inflammation of the Eyes of New-born Infants (*Ophthalmia Neonatorum*).

This form of inflammation generally appears three or four days after birth; occasionally it may come on somewhat later.

The eyelids are the usual seat of the inflammation, but in some cases it extends to the eyeballs, when there is

great danger of the sight being lost. The disease is the same as Purulent Ophthalmia in the adult, except as modified by the undeveloped tissues and rapid growth of the infant organism, and is usually more severe. It is the chief cause of blindness in the poor.

SYMPTOMS.—The eyelids become red and swollen, and are gummed together during sleep; light soon becomes painful, and the eyes are kept closed; after this a muco-purulent secretion is found, which gradually passes into a discharge of thick yellow pus, and when the eyes are cleansed they are seen to be so vascular as often to resemble crimson velvet; the cornea looks smaller than natural, and as if sunk in a pit. The infant is restless and feverish, and there is general wasting of the body. Unfortunately, the disease is often overlooked in its early stage, or supposed to be due to a cold in the eye, which is expected to soon pass away; as a consequence, extensive and often irreparable mischief may result before treatment is commenced.

DIAGNOSIS.—The *purulent* character of the discharge distinguishes the disease from simple *Catarrhal Ophthalmia.*

CAUSES.—The most frequent is contact during birth with leucorrhœal or gonorrhœal discharge in the vaginal passage. Neglect of cleanliness; exposure of the eyes to a hot fire, or too bright a light; infection from a child suffering from the same disease; irritation of the conjunctiva by various substances with which they are sometimes washed just after birth, such as soft soap, spirits, etc. It is most frequent in weakly infants, who are exposed to bad air, cold, imperfect nourishment, etc., and to infants prematurely born.

TREATMENT.—A dose of *Argentum Nitricum* every two or three hours, as recommended by Dr. Dudgeon, is probably the best treatment that can be adopted. A lotion of the same remedy—one grain of the pure salt to three ounces of distilled water—may be used if necessary. Should no good result ensue *Mercurius Corrosivus* may be given.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—If there be febrile disturbance.

Argentum Nit.—Well-marked and severe cases.

Belladonna.—In slight attacks, with intolerance of light, and swollen eyelids.

ACCESSORY MEANS.—These consist essentially in the observance of *great cleanliness*, the eyes being gently sponged or syringed out many times a day, and in slightly smearing the edges of the lids with olive-oil or cold-cream by means of a camel's-hair pencil, before the infant goes to sleep. It is important never to bathe the inflamed eyes with *cold* water, but always with tepid water, or tepid milk-and-water. Warm fomentations and sponging are highly beneficial. The child should be kept in an airy, warm, but not in a too brightly-lighted room, till the inflammation is cured.

The *Preventive* measures must have for their object the improvement of the mother's health prior to parturition, including the arrest of the local symptoms which we have stated to be the most frequent cause of the disease. Carefully washing the eyes of the new-born infants of mothers who suffer from leucorrhœa or gonorrhœa might prevent Purulent Ophthalmia.

43.—Catarrhal Inflammation of the Eyes

(*Ophthalmia Simplex*).

Ophthalmia is a general term for inflammation of the mucous membrane which lines the eyelids, and the front part of the eyeball.

Causes.—Cold, draughts, and damp; vicissitudes of temperature, easterly and north-easterly winds; strong light; heat, smoke, dust, or foreign bodies in the eye.

Symptoms.—Itching or soreness in the ball of the eye; sensation as of sand under the lids; *redness of the eyes*, with swelling of the vessels; itching and pricking or shooting pains; pustules and scales on the lids; the pains increase in the evening, and on exposure to cold, and there is agglutination in the morning.

Treatment.—In the early stage a few doses of *Acon.* followed by *Bell.* will often arrest the progress of the disease.

Indications for the above and other Remedies.

Aconitum.—White of eyes presents the appearance as if covered with a red network; fever.

Arnica.—Inflammation from external injuries.

Belladonna.—Pain, redness, and swelling; throbbing in the temples; flushed cheeks, glistening eyes, and intolerance of light. Often used after *Acon.*

Hepar Sulphur.—After the acute symptoms have yielded to the remedies prescribed above; Chronic Ophthalmia, with agglutination of the lids at night.

Mercurius Cor.—*Copious discharge* from the eyes with much *pain.*

Sulphur.—*Frequent relapses in scrofulous children.* It may follow other remedies after the more urgent symptoms have subsided.

Additional Remedies.—*Ars.* (for old standing cases); *Arg.-Nit.* (with purulent discharge); *Calc.-Carb.* (in scrofulous patients); *Phos.* (obstinate cases in consumptive patients).

Accessory Measures.—If inflammation has been caused by sand, dust, lime, flies, or hairs of the lids, the irritating body should be immediately removed; and if the inflammation be considerable, a shade should be worn. To prevent the eyelids from being cemented together in the morning, they should be smeared with a little olive-oil or cerate, by means of a camel's-hair brush, at bedtime, or a wet compress may be worn over the eyes at night. The eyes should be bathed with tepid water; and strong light and exposure to cold avoided till the inflammation subside. Children predisposed to Ophthalmia should be guarded against easterly and north-easterly winds. In mild but persistent cases of the disease, in which the ordinary remedies are unavailing, some constitutional derangement may be suspected, and must be removed before the ophthalmic symptoms will yield.

44.—Stye.

Definition.—Small tumour on the edge of the lid, tending to suppurate.

Symptoms.—A small pimple is felt on the edge of the eyelid, at first itching, then becoming inflamed and painful, and occasionally attended with fever; it suppurates very slowly.

Causes.—Atmospheric changes; some taint of constitution.

Treatment.—*Acon.*, followed by *Puls.*, will often remove the stye if given sufficiently early.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Pain, fever, restlessness.

Hepar S.—When suppuration has commenced.

Pulsatilla.—Usually employed when there is no constitutional disturbance.

Sulphur.—During convalescence, and as a preventive.

ACCESSORIES.—Bathe the parts with tepid water three or four times a day. In severe cases, and when suppuration is going on, a warm-water compress will be useful.

45.—Earache—Inflammation of the Ear

(*Inflammatio auris*).

Acute pain in the ear is not infrequent in children, and may arise from inflammation of the external meatus or of the tympanitic membrane; or it may be of a rheumatic or neuralgic nature; or, again, it may be due to mechanical causes, as the introduction of foreign substances into the ear.

CAUSES.—*Cold currents;* improper bathing; leaving the ears imperfectly dry after washing; gastric or dental irritation; careless syringing or probing the ears; neuralgic, rheumatic, or strumous constitution; sudden loud noises, as the report of firearms; foreign bodies—peas, beads, bits of pencil, or insects—in the ears.

SYMPTOMS.—Pain in the ear, with feverishness; the meatus swells and becomes red, and a thin discharge follows. Or if the *membrana tympani* is affected, the pain is sudden, severe, even excruciating, and worse at night; there is tenderness and a sense of fulness; unnatural noises are heard by the patient; there is either deafness or unusual sensitiveness to noise. The crying of children

from earache is spasmodic and intermittent, and they express great fear if they are touched, or attempted to be touched, on the affected part. When the disease is neglected, suppuration may occur; and in very bad cases the inflammation extends to the brain, and may even prove fatal.

INDICATIONS FOR TREATMENT.—*Aconitum.*—Pain, soreness, and throbbing in the ear; sensitiveness to noise; red, shining swelling of the meatus; feverishness.

Belladonna.—When the head is much involved and the patient delirious—to be given either alone or alternately with *Acon.*

Chamomilla.—Earache of nervous, irritable children, with one cheek red and hot.

Mercurius Cor.—After suppuration has taken place.

Pulsatilla.—In less acute and more persistent forms of the disease.

Sulphur.—Chronic or recurring inflammation, especially in scrofulous patients.

ACCESSORY TREATMENT.—Fomentations with moderately hot water, the application of a bran poultice, or *Aconite* lotion, hot in the early stage, is found very soothing. After the poultice, a little cotton wool in the ear for a short time is necessary to prevent cold. If there be any discharge, the ear should be washed clean with warm water, and thoroughly dried afterwards. When a foreign substance is in the ear, it must of course be removed; if an insect, a few drops of olive oil let fall into the ear will occasion its instant retreat or destruction.

46.—Discharge from the Ears (*Otorrhœa*).

DEFINITION.—Chronic inflammation of the mucous membrane of the ear, with a milky, purulent, or bloody

discharge, commonly met with in scrofulous children. It is often a sequel of Inflammation of the ear, Measles, or Scarlet fever.

INDICATIONS FOR TREATMENT.

Arsenicum.—Old standing cases in delicate children; excoriating discharges.

Calc.-Carb.—Tedious cases in scrofulous children.

Hepar S.—Discharge of pus and blood; and when the patient has been dosed with *Mercury.*

Mercurius Cor.—Thick, bloody, fœtid discharge, tearing pains in ear and side of head, swelling and tenderness of glands about the ear.

Mur.-Ac.—Following Scarlet fever.

Pulsatilla.—Especially after Measles or Mumps.

Sulphur.—In cases similar to those calling for *Calc.-Carb.*

ADDITIONAL REMEDIES.—*Aurum, Iod., Kali Hyd., Merc.-Iod., Nit.-Ac.,* and *Sil.*

ACCESSORIES.—The intractable character of this affection is often in great measure due to the neglect of that strict cleanliness which is indispensably necessary. The irritating discharge, if allowed to accumulate within the meatus, undergoes decomposition, and gives rise to changes in the deeper structures of the ear, the nature of which may be inferred from the irritation and excoriation so often existing in the external orifice. A little fine wool, frequently changed, may be put into the ear when the discharge is declining, to protect it in cold weather; but even this should be done with great caution, particularly when the discharge smells offensively, for nothing can be more prejudicial than stopping the ear with cotton wool to prevent its escape.

The improvement of the general health of the patient is a point of great importance. To this end, change of air is often necessary; *Country air*, in a dry, salubrious district, or, in the autumnal months, *sea air*, is generally of marked utility. *Cod-liver oil* is also strongly recommended. The following lotion is often of great value in persistent fœtid discharge:—

Carbolic Acid ℥j.
Glycerine ℥j.
Distilled water ℥v.

It may be injected, after cleansing the ear with warm water, night and morning.

47.—General Management of the Ear.

1. Sudden Violent Noises.—It is very important to avoid the exposure of children to acute and extreme sounds, especially to those of firearms, which may occasion serious disorders, either rupturing the drum of the ear, or giving an injurious shock to the brain. When children have to be exposed to violent sounds, a little cotton wool should be introduced into each ear to guard the drum of the ear from the painful impression of a too acute shock. This precaution is increasingly important in illness, especially in diseases which involve the nervous system.

2. Wet or Damp Ears.—Imperfectly drying the head and ears of children after washing is not an infrequent cause of deafness or other mischief. It is the more necessary to guard against this danger if there already exist any discharge from, or other disorder of, the ear.

The strictest care should be taken to dry the hair and ears *thoroughly* after bathing.

3. Twisted corner of towel not to be used.—The introduction of the screwed-up corner of a towel, and twisting it round in the ear, does much harm. It forces down the wax upon the membrane, irritates the passage, and causes small flakes of skin, which dry up and become hard, so that pain, inflammation, and deafness may ensue. Washing should only extend to the external surface as far as the finger can reach, and the screwed-up corner of a towel should never be used for cleaning the cavity of the ear.

4. Boxing the Ears.—Parents, governesses, and others who have the care of children, should be aware of an accident likely to result from blows on the head or boxing the ears, namely, rupture of the *membrana tympani*, a membrane which closes the bottom of the meatus, and is stretched something like the parchment of a drum. Sometimes incurable Deafness or hardness of hearing is the result. Rupture of this membrane may be recognised by a sense of shock in the ear, Deafness, and a slight discharge of blood from the orifice: and if examined by an ear speculum, the rent may be seen. For this injury a weak *Arnica lotion* should be employed, and the little patient should enjoy absolute *rest* for two or three days.

5. Foreign Bodies in the Ear.—The introduction of foreign bodies into the ear is no rare occurrence in children. Such substances, although they do not always give rise to mischief, should be removed at once. We recently extracted, without any trouble, a cherry-stone from a boy's ear, that had been there for more than two months. The patient suffered no inconvenience from the long residence

of the stone. The following is an easy and effective method of removing foreign bodies from the ear. Around a small stick fasten a strip of old linen; fringe out the free end, dip into warm liquid glue, and carefully apply to the foreign body. The child should be kept quiet for about half an hour, so that the glue may set. The substance may then be withdrawn by gently pulling the stick. When insects find their way into the ear, they may be dislodged or suffocated by dropping a few drops of olive oil into the ear. In the latter case the dead body should be carefully removed.

6. Deafness not Stupidity.—Another point of considerable importance is that of a child, who, from being slightly deaf, is thought to be stupid or obstinate. "Very sad is it to think how often a child is thus punished for his misfortune, and, it may be, irremediable injuries inflicted on the mind or temper of this poor victim of unintentional injustice. It is hardly necessary to insist upon the care which is requisite in examining the state of the hearing-power in a child, or to refer to the fact that children will often say, and doubtless think, that they hear a watch when they do not" (*J. C. Foster, F.R.C.S.*).

7. Wet Compress.—A small wet compress, covered with oiled-silk or tissue, worn over the nape of the neck, as recommended for Ophthalmia, is equally applicable in affections of the ear, especially when of an obstinate nature; and, if persevered in steadily, will frequently relieve Deafness.

48.—Epistaxis—Bleeding from the Nose.

This is generally a trifling ailment in children enjoying fair health, and requires no treatment, ceasing spontaneously in a few minutes.

When, however, it occurs in delicate children, when it recurs frequently, or when due to injury, treatment may be necessary.

Symptoms.—Giddiness, weight or oppression in the forehead, may precede the bleeding. In some cases the blood passes backward into the stomach, when it may, without careful investigation, be mistaken for hæmorrhage from the lungs or stomach.

Causes.—Injuries; *congestion* of the head from coughing, passion, etc.; thinness of the blood; weakness of the lining membrane of the nose, etc.

Indications for Treatment.

Aconitum.—Epistaxis from excitement or passion.

Arnica.—From a blow or other injury.

Belladonna.—When preceded by a throbbing headache, redness of the face, and brightness of the eyes.

China.—When weakness results from loss of blood.

Hamamelis.—Blood oozing slowly, drop-by-drop; not bright-red.

Millefolium.—Red blood flowing without apparent cause.

Phosphorus.—Bleeding from the nose when there are bruise-like marks (ecchymosis) on the body.

Accessories.—The application of cold water, ice, or a cold iron to the forehead, neck, or back; holding the arms above the head for a few minutes, or pressing with the extended finger horizontally across the cheek-bone, just above

the bleeding nostril. These means will rarely prove insufficient; but should they do so, a piece of lint may be rolled into the shape of the nostril, saturated with *Hamamelis* and twisted rather tightly into the bleeding nostril or nostrils, first removing any clots of blood there may be present.

This treatment is recommended not only on account of the styptic qualities of the remedy, but also for the mechanical support of the tightly-fitting plug. The child should be placed in a recumbent posture, in a cool room.

CHAPTER V.

DISEASES OF THE RESPIRATORY SYSTEM.

49.—Croup (*Angina Trachealis*).

DEFINITION.—Inflammation of the mucous lining of the larynx and trachea, with swelling from effusion into their sub-mucous areolar tissue, and secretion of tenacious mucus.

The essential nature of Croup is a catarrhal inflammation affecting the above organs, without the formation of any false membrane; when a membranous exudation does take place the disease is Diphtheria.[1]

[1] Post-mortem investgations prove the correctness of the above statements. "There is no false membrane in either larynx or trachea, but simply a swollen and congested state of their mucous membrane, which is generally spread over with a tenacious mucus nearly as viscid as pneumonic sputa. These changes extend more or less into the bronchi, and with a congested condition of the lungs, are the only signs visible to account for death. I have many carefully-noted records of such post-mortem appearances, written in old days, when the influence of what

CAUSES.—1. *Predisposing.*—The comparative smallness of the larynx and trachea in infancy and early childhood. After the third year the calibre of the trachea enlarges rapidly, and the liability to Croup correspondingly diminishes. There is also a clear predisposition to it in some patients and families. 2. *Exciting.*—Exposure to cold, sudden changes of temperature, wet feet, poor or scanty food, especially the adoption of improper diet on weaning, keeping a child in a room the floor of which has been newly washed; dark, damp, low-lying localities. The disease is most frequent in winter and spring.

DIFFERENCES BETWEEN CROUP AND DIPHTHERIA.

CROUP.	DIPHTHERIA.
1. There is a *premonitory hoarse, metallic cough*, without premonitory illness.	1. There is a *premonitory illness*—shivering and fever, with sore throat—without premonitory cough.
2. Croup is only dangerous in consequence of its *locality*.	2. Diphtheria is *dangerous per se*, and the production of a false membrane is but one of its phases.
3. This disease is sometimes preceded by catarrhal symptoms which *extend upwards* from the chest to the larynx.	3. The throat-affection tends to *pass downwards* to the respiratory tract.
4. Croup being a local disease, the treatment consists mainly in *subduing the local symptoms.*	4. Diphtheria being a blood-poison, and causing great general depression, the treatment must be directed to *combating the systemic mischief.*

SYMPTOMS.—The *early* symptoms resemble those which initiate an attack of Measles—fever, Hoarseness, and a

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Bacon would call the 'idol of the theatre' was so strong upon me, that it is always stated 'false membrane in a perfectly diffluent state spread over the mucous surface.' Now this 'diffluent false membrane' is in reality only a synonym for tenacious mucus. This is the disease which occurs sporadically in town and country alike, and which is commonly called 'Croup.'"—*On Croup, by Dr. R. C. R. Jordan, in the "Medical Times and Gazette," August* 31, 1872.

dry barking cough of that distinctive character which necessarily occurs when the *rima glottidis* is contracted. Indeed, this cough is the characteristic symptom, and probably exists two or three days before it is sufficiently marked to excite maternal alarm. But to educated ears the cough is characteristic almost from the commencement; and if the child be requested to take a deep breath the harsh sound completes the diagnosis.

The accession of the *alarming* symptoms generally occurs suddenly, and often in the night, the mother dating the attack from the commencement of the danger. The symptoms are very severe, but aggravated in frequent paroxysms; there is great difficulty of breathing from the congestion and swelling of the lining membrane of the larynx, and the diminution of the chink at its outlet, so that the child throws its head back to put the parts on the stretch; every breath becomes increasingly difficult, and the turgescence of the face and neck shows that an insufficient supply of air enters the lungs, notwithstanding the severity of the respiratory efforts; the cough is loud and brazen, the voice is hoarse, or absent, the pulse quick, and the skin hot and dry.

In fatal cases, the lips and face become increasingly purple, the pulse small and thready, the lungs congested, and the patient dies from suffocation. In some cases death is preceded by Convulsions.

DANGER.—This arises from the narrowing of the aperture for breathing consequent on the congestion and effusion present. The same amount of effusion into the submucous areolar tissue elsewhere would be of no grave consequence. This danger is diminished just in proportion as the cough becomes looser, and the secretion of the air-passages becomes thinner and more easily removed.

TREATMENT.—As in all other inflammatory diseases, *Aconite* is here the leading remedy. It should be given every fifteen or twenty minutes for three or four times, and then every half-hour or hour, until some marked impression is made upon the fever symptoms. *Spongia* may then be substituted for it, or the two medicines may be given alternately at intervals of an hour or two, as long as may be necessary.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Always in the early stage, and when there are any febrile symptoms, with short, dry cough, and hurried and laborious breathing.

Ant.-Tart.—When there is much oppression on the chest, copious *phlegm*, impeded respiration, and inclination to vomit.

Hepar S.—After the subsidence of the fever, when there is loose metallic cough, with rattling in the chest, and difficult expectoration.

Iodium.—For scrofulous children especially. Hoarse, hollow, ringing, whistling cough, with pain in chest, and laboured breathing.

Spongia.—For symptoms resembling those of *Iod.*

Sulphur.—During convalescence.

ACCESSORY MEASURES.—During the treatment, everything likely to excite or irritate the patient should be avoided. He may have a partial or complete warm bath; his throat should be fomented by means of sponges or cloths sqeezed out of *hot* water, and a compress or flannel applied to the part when not fomenting; the feet and general surface of the body kept warm, and the air of the apartment raised to about 65° Fahr., and this temperature

uniformly maintained by day and night. The air should also be *moist* as well as warm. Steam may be inhaled, either alone or mixed with the remedy that is being administered. A few drops of the strong tincture of the remedy required may be dropped into a small tin kettle, kept boiling over the fire or over the flame of a spirit-lamp, and fixing a tin or paper tube to the spout, convey the vapour close for the patient to inhale. In very bad cases a sort of tent should be formed over the patient's bed, and the steam conducted under it by a tube.

Diet and Regimen.—During the attack, water is almost the only article admissible, and may be given in small, frequent quantities; when recovery sets in, milk-and-water, arrowroot, gruel, etc. In the case of delicate children, or when great weakness suddenly occurs during the course of the disease, it may be necessary to support the patient by essence-of-beef, wine-and-water, etc., which should be administered in small quantities, at regular and frequent intervals. In the case of an infant at the breast, the mother should adopt the dietetic suggestions elsewhere given (p. 27).

50.—Cold in the Head, Sniffles (*Coryza*).

An inflammatory affection of the mucous lining of the nose, attended with abnormal secretion, which is occasionally so profuse as to interfere with breathing and suckling. In infants the disease is usually termed *sniffles*.

Causes.—Exposure to draughts and cold, sudden changes of temperature, wet feet, inherited Syphilis (in infants).

SYMPTOMS.—Cold in the head usually comes on with slight shiverings, pain or a feeling of weight in the head, redness or itching of the eyes, obstruction of one or both nostrils, with an increase of the natural secretion of the parts, the discharge being a thin acrid fluid. If now neglected, these symptoms may be soon followed by sore throat, mucous discharge, hoarseness, sneezing, dry cough, chilliness, general weakness, more or less fever, quick pulse, and loss of appetite.

TREATMENT.—In the very early stage *Camphor* should be administered. To infants it may be given by inhalation. A drop or two of the tincture should be put into a teaspoon and held near to the nostrils for a minute or longer, and repeated every twenty minutes for three or four times. To older children it may be given on sugar. Should this medicine fail to check the progress of the disease, some other will have to be had recourse to.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—In the early stage, especially if there be any febrile symptoms, swelling and redness of the lining membrane of the nostrils.

Arsenicum.—Watery, excoriating discharge.

Camphor.—Only useful in the chilly stage.

Dulcamara.—When brought on by damp.

Euphrasia.—With copious watery discharge from the eyes.

Mercurius Sol. 6.—In the profuse "running cold," as also in cases in which the discharge is semi-purulent, this medicine is most efficacious.

Nux Vomica is the established remedy for the "stuffy cold."

ACCESSORY TREATMENT.—The child should remain in a room the atmosphere of which is of a comfortable, uniform temperature. A warm bath should be given on going to bed, and the child well wrapped in an extra blanket, so as to favour the free action of the skin; this is still further promoted by drinking freely of cold water during and after the bath. In the case of infants their noses should be frequently smeared with simple cerate, cold-cream, or tallow, to prevent the discharge from forming into hard crusts. In chronic obstinate cases the interior of the nostrils may be syringed with a weak solution of *Carbolic Acid.* If suckling be difficult or impossible, the milk should be drawn, and the infant fed with it by means of a spoon till the complaint is modified.

PREVENTION.—Except before the third month, and for decidedly delicate children, rapid *cold bathing* of the whole body is a grand method of preventing children from being chilled by exposure to cold air, which is otherwise beneficial. For delicate children, tepid may be used at first, and gradually reduced to cold, and the bathing done very *quickly.* They should also be exposed to the *open air daily,* which tends to strengthen the body to resist atmospheric changes. Children should be *properly clothed,* especially the lower limbs and abdomen. Lastly, infants should be taught to use the *nostrils for breathing in sleep* instead of the mouth. This cannot be done too early, for the habit is difficult of acquirement if neglected till adult life.

51.—Acute Bronchitis.

DEFINITION.—Acute inflammation of the mucous lining of the *bronchi*—the air-tubes of the lungs. It is a *diffused*

disease, involving more or less the smaller tubes of both lungs, thus differing from cold or catarrh, which only affects the lining membrane of the nose, throat, and eyes. When the upper portion of the chest is chiefly affected, patients often describe it as a "*Cold in the chest.*"

Bronchitis is one of the most important diseases of early childhood, on account of its frequency, its liability to complication with Pneumonia, and the danger from suffocation which the accumulated mucus involves. In 1877, out of a mortality occurring at all ages from this disease in England of 47,780, no fewer than 22,445 took place in children under the age of five years; and out of this number 13,198 were under one year.

Causes.—Exposure to cold draughts of air, to keen and cutting winds, or sudden changes of temperature; insufficient clothing; inhalations of dust, smoke, or other irritative substances. Bronchitis also arises during the course of other diseases—Measles, Hooping-cough, etc.—especially in weakened children.

Symptoms.—Bronchitis usually begins with the symptoms of a common cold—feverishness, headache, lassitude, cough, etc. These are soon attended with a feeling of tightness or constriction in the chest, especially the front portion; the breathing becomes oppressed and hurried, with wheezing or whistling sounds; there is severe cough, which is at first dry, but is afterwards attended with viscid and frothy expectoration, subsequently becoming thick, yellowish, and purulent. The pulse is frequent, often weak; the urine scanty and high-coloured; the tongue foul; there are throbbing pains in the forehead, and aching pains in the eyes, aggravated by the cough, with other symptoms of fever. Nursing children suck

with difficulty, or do so eagerly for a short time, and then desist from interrupted breathing, throw the head back, and commence coughing or crying.

The unfavourable symptoms are—*cold* perspirations covering the skin; pale and livid cheeks and lips; cold extremities; rapid respirations; the alæ nasi being widely dilated at each breath; drowsiness; *extreme prostration;* rattling, and a sense of suffocation in the throat; and complete insensibility, ending in death. Convulsions towards the end of an attack generally indicate collapse of the lung and impending death. In favourable cases, the disease begins to decline between the fourth and eighth day, and under good treatment and management soon disappears.

TREATMENT.—At the commencement of the disease *Aconitum* given at once, and repeated every hour or two hours, may arrest the attack in a very short time; but should it fail to do so, or the disease have advanced considerably before attention has been called to it, either *Ant.-Tart.* or *Kali Bichrom.* will have to be administered alone, or, if there be fever symptoms, alternately with *Aconitum,* at intervals of two hours or so.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—A short, hard cough, tickling of the pit of the windpipe and chest, burning and soreness of the chest on coughing, frontal headache, febrile symptoms.

Antimonium-Tart.[1]—*Wheezing in the chest;* paroxysms

[1] BRONCHITIS.—*Ant.-Tart.*—A striking case of cure by this remedy recently occurred in the author's practice. We received an urgent telegram from Bexley to visit a child about four months old, the only male child in a large family. The rattling of mucus and the dyspnœa were so extreme that the practitioner, who had been in the house all day, the parents, and the nurse, had all abandoned hope: the lips and cheeks

of *suffocative* cough, with copious loose expectoration, sickness being often induced by the accumulation of mucus; dyspnœa, palpitation, and headache.

Bryonia.—Especially valuable when rheumatic pains in the muscles were present before, or are present during the attack.

Kali Bich.—When the expectoration is very stringy and tenacious.

Phos.—May be required if the inflammation extends to the substance of the lungs.

Accessory Measures.—The patient should be kept in a warm atmosphere (65 to 70 degrees), which should be moistened by steam or evaporation of water from shallow dishes placed near the bed; or water in a kettle may be kept boiling on the fire so as to moisten the air by its jet of steam sent into the room. Ventilation of the apartment, however, should not be neglected.

Hot linseed-meal poultices applied to the chest and back are beneficial, as they relieve congestion. The posture of the little patient is also important; he should be *propped up in bed*, as directed in the next Section (p. 143).

Diet.—During an attack, gum-water, barley-gruel, beef-

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were livid, the extremities cold, and the bronchial tubes, with their extensive ramifications, were so choked-up with the secretions that breathing was almost suspended. We gave *Ant.-Tart.* In a few minutes improvement was perceptible; in thirty minutes we administered a second dose, and before we left the house, all were confident that the condition of the child had been completely reversed, and that recovery was probable. This improvement was subsequently maintained; in a few days the child was brought to us in London, and in a little more than a week the infant had so far recovered that treatment was discontinued. In this case *Ant.-Tart.* promptly relieved the blocked-up tubes, permitted a free entrance of oxygen into the blood, and so turned the ebbing tide of life as to lead to the recovery of the infant.

tea, jelly, etc. Cold water, in frequent draughts, favours the healthy action of the skin, and is the most appropriate beverage. In feeble children, exhaustion is liable to come on, requiring nutritious support. During convalescence, undue exposures must be guarded against until the constitution has been strengthened and inured by warm bathing, gradually reduced to cold as the reactive power of the child permits.

52.—Inflammation of the Lungs (*Pneumonia*).

Definition.—An acute inflammation of the lung-tissue, accompanied with severe fever. The symptoms generally come on insidiously, and in favourable cases the inflammation disappears rapidly; leaving, however, the morbid products of the disease. *Resolution* may take place in from five to ten days.

Varieties.—Pneumonia may affect one lung or both; it may also be complicated with Bronchitis or Pleurisy. The base and posterior portions of the lung are the most frequent seats of inflammation.

Symptoms.—Feverish restlessness; a burning, dry skin, especially in the region of the ribs and armpits; short, hurried breathing, more hurried than in Pleurisy; but not attended by the acute pain of the latter disease; frequent short, dry cough, with expectoration of viscid, tough, sticky matter, of a pale-green, yellow, or *rusty colour*—the latter colour especially being characteristic. But children under three years of age seldom expectorate. The nostrils flap, and there is no moisture in them and no tears in the eyes; there is great thirst; impeded speech; variable pulse; scanty, high-coloured, hot urine; the child lies on

the affected side, or on the back, and breathes by his open mouth, which becomes dry in consequence.

A weak, irregular, and thready pulse, lividity of the face, extreme difficulty of breathing, bluish lips, and great prostration, are unfavourable indications. On the other hand, easier and less rapid breathing, copious expectoration, moisture of the mouth and skin, and sudden abundant discharge of urine, are favourable signs. Even bleeding from the nose, or Diarrhœa, occurring at the crisis, should encourage the hope of a favourable termination.

Causes.—Prolonged exposure to cold or wet; a thorough chill; living in a cold, damp atmosphere; a chill from removing the clothing, or lying on the grass after exercise, as football, running, etc.

Treatment.—If administered early, and every two hours, *Acon.* will often be quite sufficient to check the advance of the disease. If it fail to accomplish this, *Phosph.* should be given, either alone or in alternation with *Acon.*, at intervals of about two hours. Rarely any other medicines will be required.

Indications for the above and other Remedies.

Aconitum.—Fever symptoms, short, rapid breathing, full pulse; in the early stage, and alternately with other medicines.

Ant.-Tart.—When the disease follows a cold in the head or influenza, this medicine is usually found most beneficial. The expectoration is copious and free.

Belladonna.—Short, dry cough, flushed face, headache. Seldom called for.

Bryonia.—When the inflammation extends to the pleura.

Phosphorus.—Rusty-coloured sputa, difficult breathing, pain under the breast-bone.

Sulphur.—During convalescence.

Accessory Means.—The child should be placed in a *warm room* (60° to 65°), and have only light bed-coverings; for cold air irritates the lungs, and heavy bed-clothes render the skin hotter and drier, and add to the discomfort and danger of the patient's condition. A warm wrapper or dressing-gown should always be in readiness, so that if the child suddenly asks to be taken out of bed, he may not be exposed to any risk of taking cold. Another important point is the *posture* of the little patient. He should not be laid quite flat, but somewhat *propped up in bed;* this posture—necessary in all inflammations of the chest—tends to obviate the stasis of blood in the lungs, by favouring its freer general circulation, and enables the patient to take an easier and deeper breath. A large, thick *linseed-meal poultice,* or *spongio-piline,* to fit the chest in front and back like a bodice. A continuous poultice is one of the best methods of providing for the local loss of vitality in Pneumonia. The patient should be kept very quiet, have mucilaginous drinks, little pieces of ice to suck, and farinaceous diet. In short, the "accessory treatment" should be mainly the same as that recommended in the Section on Enteric Fever, pp. 70-1.

53.—Inflammation of the Pleura (*Pleurisy*).

Definition.—Acute inflammation of the covering of the lungs and lining of the chest, usually affecting one side only. When uninflamed, the above membrane has a smooth, lubricated surface to facilitate the free movement of the lungs; inflammation destroys this polished surface, so that any movement of the lungs, as in breathing or coughing, becomes difficult and painful.

Symptoms.—Pleurisy generally comes on quickly and violently, with chills, and severe *stabbing pains* in the chest. The character of the cough, breathing, and pain reveals very much as to the variety of the inflammation of the chest from which the child is suffering. In Pleurisy the breathing is *hurried*, the child does not take a full, deep breath, and breathing is frequently *interrupted* by a *stitch* or *catch*, or by a *cough*, which is frequently short and dry, and occasions a *sharp stabbing* pain below the nipple, about the fifth or sixth rib. There is also a parched tongue; flushed face; hard, wiry, quick pulse (about 100 in the minute); scanty, high-coloured urine; and the patient desires to lie on the affected side, or on the back. In slight cases there may be only a pain in the side, with some cough, fever, and weakness. When the lung is also involved, the expectoration is copious and blood-streaked.

The inflammation terminates in one of the following ways: by *resolution*, when the two surfaces of the pleura regain their natural smooth character, or the inflamed and roughened surfaces become more or less *adherent;* or *effusion* takes place, and a dropsical fluid separates the surfaces—a condition known as *Hydrothorax*. Where there is much fluid effused there is great difficulty of breathing, and considerable danger to life.

A professional examination of the chest is necessary to arrive at a correct diagnosis, otherwise it is often impossible to distinguish between *real* and *false Pleurisy*, or between this and other chest inflammations.

Causes.—Exposure to atmospheric changes, and checked perspiration, especially in persons of feeble constitution. Pleurisy is also liable to arise during the course of fevers, or from the extension of inflammation from a neighbouring

organ to the pleura; or it may be set up by mechanical injuries.

TREATMENT.—If administered early *Acon.* may alone be sufficient.[1] If it does not quickly relieve, *Bryonia* will have to be substituted. A dose of the selected medicine should be given every hour or two hours, according to the urgency of the case.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Much fever, dry cough, in the early stage before adhesion or effusion.

Bryonia.—Short, laboured, anxious, *catching breathing*, performed almost entirely by the abdominal muscles; frequent *cough*, which *shakes* and *pains* the side, either dry or with expectoration of glairy mucus; weariness, irritability, and restlessness.

As long as the febrile symptoms continue, *Acon.* may be alternated with *Bry.* These remedies often suffice to cure the disease in a day or two; or, if given early and at short intervals, in a few hours.

Sulphur.—During convalescence, and to *prevent relapse.*

ACCESSORY MEANS.—The little patient should be kept perfectly quiet in bed, and *propped up* somewhat, as directed under Pneumonia (p. 143). The diet should be light—milk-and-water, thin gruel, Neave's food, arrowroot, and light broth; and frequent sips of cold water to quench thirst. In case of effusion into the pleura, as dry a diet as possible should be given, so that, by diminishing the quantity of fluid taken into the body, the blood is

[1] One of my patients, a journeyman tailor, caught cold early on a Sunday morning. He had well-marked pleurisy at 9 p.m., when I saw him. I gave *Aconitum.* On Wednesday he was at work on his bench.—G. L.

deprived of necessary liquid, and a stimulus is thus furnished to absorption. Poultices of hot linseed-meal, frequently renewed, or wrung-out hot flannels, applied to the chest, generally afford much relief. A light flannel bandage round the chest or crossed over the shoulders moderates the pain by gently restraining the movements of the ribs. But the bandage must not be applied too tightly. When the pain is referred to the epigastrium, and attended with marked oppression of breathing, it is indicative of Inflammation of the Pleura overpowering the diaphragm; and the bandage just recommended should be applied over the abdomen so as to restrain somewhat the action of the diaphragm. When effusion has occurred, and there is no evidence of absorption taking place, the *Pneumatic Aspirator* should be employed to evacuate the pleural contents without delay, especially when there is much dyspnœa, and when the collection of fluid is large.

54.—Cough (*Tussis*).

Cough is only a symptom, but at times it may be so prominent a one as to appear to demand exclusive attention. The act of coughing is one of forcible or violent expiration, and may be caused by irritation of the mucous membrane of the air-passages, inhalation of dust, derangement of the stomach, etc.

Treatment.—In all cases coming on immediately after exposure to cold it is advisable to administer *Acon.* every two or three hours, or oftener, until relief is obtained, or until it is found to fail in bringing about improvement. Cough being often the first and only expression of congestion of the mucous membrane of the air-passages is best treated,

as is the affection itself, with this medicine. After *Acon.* the action of other remedies is more prompt and decided.

INDICATIONS FOR TREATMENT.

Aconitum.—Hard, dry, irritative cough, with fever; after exposure to cold.

Ant.-Tart.—Loose cough, sputa copious, great weakness, vomiting.

Bryonia.—Dry cough, with pain in chest, yellow phlegm.

Cina.—Dry or loose cough of a chronic character, when the child is suffering from worms.[1]

Drosera.—Spasmodic cough, worse at night; second stage of hooping-cough.

Hyoscyamus.—Dry cough, worse on lying down at night.

Ipecac.—Spasmodic cough with mucous expectoration, and tendency to vomiting.

Phosph.—Hoarse cough, pain under breast-bone, rusty-coloured phlegm.

Pulsatilla.—Loose cough, worse at night.

Spongia.—Dry, hard, barking cough, hoarseness, burning or tickling in the windpipe.

ACCESSORIES.—The diet should be light and given in small quantities, particularly if there be fever. A cold sponge-bath every morning, and frequent out-door exercise, will often overcome a susceptibility to this affection. A good draught of cold water taken in the morning, and also on retiring, is both preventive and curative of cough. Lastly, children should be instructed to make direct voluntary efforts to restrain the frequency and violence of cough-

[1] I have seen this medicine act like a charm. A little girl, aged ten years, had bronchitis for two years; expectoration copious. Passed many thread-worms. Gave her *Cina*. In a fortnight there was no trace of the chest affection.—G. L.

ing; for the result of such efforts will be found greatly to mitigate this symptom.

See also the Sections on "Hooping-cough," pp. 80-83, "Pleurisy," pp. 143-6, "Bronchitis," pp. 137-41, "Inflammation of the Lungs," pp. 141-3, and "Croup," pp. 131-5.

CHAPTER VI.

DISEASES OF THE DIGESTIVE SYSTEM.

55.—Tongue-tie (*Lingua Frenata*).

On the under surface of the tongue there is a fold of tissue-like mucous membrane, called the *frænum linguæ*, which connects the tongue with the floor of the mouth. Congenital *tongue-tie* is said to exist when the attachment of the frænum extends along the whole under surface of the tongue to its tip. But this condition is extremely rare, and, even when it exists, seldom gives rise to any real inconvenience. The difficulty of speech with which it is sometimes associated proceeds from deeper causes, involving the sensorium. When, however, the attachment of the *frænum* is very thick and extensive it may form a mechanical obstacle to sucking, by rendering it impossible to produce the necessary vacuum in the mouth. When, therefore, any difficulty of sucking exists, the state of the *frænum linguæ* should be examined, and, if necessary, divided. The little operation may be performed as follows. The infant should be made to cry, by which act the *frænum* will be fully exposed; then, by means of a pair of round-ended scissors, keeping the points towards the back of the

mouth, a very light notch only should be made. The backward direction of the scissors, and the small extent of the snip, are necessary to avoid wounding the artery of the *frænum*, an accident that might give rise to serious hæmorrhage.

56.—Inflammation of the Mouth (*Stomatitis*).

Symptoms.—Heat, redness, dryness, and ulceration of the mucous membrane of the mouth; slight swelling and pain of the tongue, cheeks, gums, and palate; fœtid breath, and salivation may also be present.

Treatment.—This disease is most frequently amenable to the action of *Kali Chloricum*, but other remedies are sometimes called for. A dose of the medicine should be given three times a day.

Indications for the above and other Remedies.

Hydrastes.—Swelling, dark redness, and soreness of the tongue, gums, and cheek; ulceration of the lips and tongue; tenacious mucus in the mouth.

Kali Chlor.—Great soreness, fœtid breath, and ulceration; especially after the allopathic use of mercury.

Mercurius Sol. 3x.—Slight cases; fœtid breath, and an abundant flow of watery saliva.

Accessories.—The mouth should be moistened frequently with thin barley-water, or with glycerine-and-water (one teaspoonful of glycerine to a large wineglass of water).

57.—Cancrum Oris (*Gangræna Oris*)—Canker of the Mouth.

Definition.—A sloughing or gangrenous ulcer of the mouth, occasionally occurring in ill-fed children from two

to six years old, residing in low, damp situations, or living in overcrowded rooms and breathing impure air.

SYMPTOMS.—The inflammation generally begins at the edges of the gums opposite the incisors of the lower jaw; the gums are white and spongy, and separate from the teeth, as if *Mercury* had produced its specific effects. Ulceration begins and extends along the gums until the jaws are implicated; and as the disease advances, the cheeks and lips swell, and form a tense indurated tumefaction. The teeth are apt to fall out; and the breath to become intolerably fœtid, from a gangrenous condition. There is generally enlargement and tenderness of the submaxillary glands. In severe forms of the disease, the destructive process rapidly extends, so that in a few days the lips, cheeks, tonsils, palate, tongue, and even half the face may become gangrenous, the teeth falling from their sockets, a horribly fœtid saliva and fluid flowing from the parts (*Aitken*).

TREATMENT.—*Mercurius* is generally the specific for this affection. A dose may be administered three or four times a day. Next to *Mercurius*, *Mur.-Ac.* has been found most efficacious.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Ars.—Extensive disorganisations of the mouth, extreme prostration.

Merc.-Sol. 3x.—The most useful remedy; will rarely fail to prove efficacious, if the disease has not been caused by any preparation of Mercury.

Mur.-Ac.—When the disease is associated with other diseases, such as measles, pneumonia, etc.

Sulph.-Ac.—Rapid spread of ulceration.

Sulph.—In chronic cases.

ACCESSORIES.—The gums, teeth, and mouth should be frequently cleansed with a mixture of Condy's fluid one part, and water one hundred parts, or a weak lotion of carbolic acid and water (about ten drops of the former to a tumbler of the latter). Strong beef-tea, raw eggs beaten up in milk, and occasionally wine, are generally necessary.

58.—Sore Throat.

DEFINITION.—Inflammation of throat unaccompanied by Quinsy or Ulceration.

SYMPTOMS.—Throat red at first, then studded over with white or yellow spots, little or no swelling, pain on swallowing, fever.

CAUSE.—Exposure to cold.

TREATMENT.—*Aconite* should be given at once—a dose every two hours. If it does not act favourably in a few hours, *Belladonna* will probably be called for.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Dryness, roughness, and heat in the throat, with a choking sensation, hoarseness, fever.

Belladonna.—Bright-red throat, feeling as if scraped raw, with pain on swallowing.

Dulcamara.—If from getting wet, or from damp, foggy air.

Mercurius Sol.—Sensation as of a lump in the throat, worse at night, increased flow of saliva, white or yellow spots on throat.

ACCESSORIES.—Frequent sips of cold water; steaming the throat; compress to the throat.

59.—Quinsy (*Tonsillitis*).

DEFINITION.—Inflammation of the tonsil or tonsils.

SYMPTOMS.—Swelling of tonsils, severe throbbing pain, hoarseness, difficult swallowing and expectoration, headache, pain in the back and limbs, foul tongue, offensive breath, shivering, and general febrile symptoms, terminating in resolution or suppuration, or chronic enlargement.

CAUSES.—The *predisposing* are: scrofulous constitution, mercury, and disorders of the digestive organs. The *exciting* are: atmospheric changes, wet feet, etc.

TREATMENT.—If seen very early the patient should have a few doses of *Aconitum*, followed by *Baryta Carb.* If suppuration be inevitable, *Hepar S.* should be administered. In some acute cases *Guaiacum* has been eminently successful in checking the progress of the disease.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

Aconitum.—Pricking sensation in the throat, with much fever.

Belladonna.—Redness and rawness of the throat, flushed face, glistening of the face, headache.

Baryta Carb.—If given early in acute cases it is often very efficacious. Is very useful also in chronic cases.

Calc.-Carb.—Chronic cases in scrofulous persons.

Hepar S.—When suppuration has taken place.

Guaiacum.—In cases accompanied with pains of a rheumatic neuralgic character.

Mercur.-Iod.—Considerable swelling, copious salivation, swelling of tongue, fœtid breath.

ACCESSORIES.—In the early stage, a cold-water compress to the outside of the throat, and frequent sipping of cold water, or sucking small pieces of ice; suppuration being

inevitable, a hot linseed poultice should replace the cold compress, and steaming the throat should be had recourse to. Thickened milk the only food to be given.

60.—Thrush—Sore Mouth (*Aphthæ*).

Definition.—An inflammatory product, consisting of numerous minute vesicles, resulting in white patches, on the lining membrane of the mouth and throat. The white patches are now known to be certain microscopic parasitic plants—the *Leptothrix buccalis*, and the *Oïdium albicans*—the sporules of which increase with great rapidity, and form tubular fibrils. There is also an increased formation of epithelial scales. The unhealthy secretions of the mouth, particularly when *acid*, form a *nidus* for the vegetation.

Causes.—Unhealthy character of, or insufficient breast-milk; unsuitable quality or quantity of food given to infants fed with the bottle or spoon, neglect of general cleanliness, bad drainage, etc.[1] A scrofulous constitution may operate as a *predisposing* cause. The disease also occurs during the course of Measles, Enteric fever, and Consumption; it is then generally indicative of an early fatal termination.

Symptoms.—There is generally some febrile disturbance; the child is fretful, often refuses the breast on account of pain experienced in sucking; there is usually vomiting, and a thin, watery diarrhœa, caused by deranged intestinal

[1] In certain insanitary localities in London, and in other places where the same conditions exist, *Thrush* is always epidemic. When sanitary arrangements are very defective, children suffer to an aggravated extent, and not unfrequently die. Such places are not inaptly described as "nests for Thrush."

secretions. The local symptoms consist of innumerable white specks, like little bits of curd, which are sometimes so connected as to form a continuous, dirty, diphtheretic-like covering over the tongue, gums, palate, and inside of the cheeks and lips. In severe cases, vegetations line the whole interior of the mouth, and extend even to the fauces and down the gullet; the nates also become red and excoriated by the acrid secretions; the parasitic plants, however, are not developed on the interior of the stomach or bowels, but are restricted to those portions of the mucous tract which are studded with scaly epithelium.

Prognosis.—In children otherwise strong, Thrush, which is caused by improper food or want of cleanliness, may be readily cured by one or more of the following remedies, and by correction of the faulty hygienic condition. If it occurs as a complication in the course of an exhaustive disease, or after a lengthened course of improper food, in which the digestion and assimilation of nourishment must be necessarily imperfect, the prospect of recovery becomes proportionately diminished. Diarrhœa, too, is by no means infrequent, especially in feeble children, and increases the gravity of the case.

Treatment.—*Borax* and *Mercurius* are the chief remedies for this disease. The latter is perhaps more often employed than the former. The medicine selected should be given three times a day.

Indications for the above and other Remedies.

Arsenicum.—Dark colour of the patches; offensive odour from the mouth; severe diarrhœa and great constitutional prostration.

Borax.—Child's rest is much disturbed, ptyalism, the aphthæ bleed freely.

Mercurius Sol. — Dribbling saliva, offensive breath, diarrhœa; if administered when the white specks first appear, it is often alone sufficient.

Sulphur.—In convalescence, and when there are eruptions on the skin.

Accessories.—The child's mouth should be washed with a weak solution of *Borax* (ten grains to one ounce of water), by means of a soft brush, two or three times a day. Before using the lotion the mouth should be well cleansed. with a piece of linen rag squeezed out of warm water. Condy's fluid and water, one half a teaspoonful of the former to a tumbler of water, or equal parts of vinegar and water, may be substituted for the Borax in some cases.

A point of first consideration is *suitable diet.* If Thrush be distinctly traceable to any disease in the mother which cannot be quickly cured, the infant should be at once provided with a wet-nurse, or weaned, and fed with *Sugar-of-Milk*, or cow's milk, diluted with water (see p. 30).

Prevention.—Every variety of starch-food is unsuitable for an infant (see p. 30), and no food but breast-milk, sugar-of-milk, or cow's milk diluted, should be used. Cane-sugar, which speedily ferments and is favourable to the development of the disease, is not to be allowed. Strict cleanliness is particularly necessary. After each meal the mouth should be washed, to prevent the accumulation of milk about the gums. This simple measure will often prevent the appearance of Thrush. In like manner, the mother's nipple should be cleansed each time after giving it to the infant. Well-ventilated rooms, and abundance of out-of-door air, every day, in suitable weather, will prove of extreme value, rendering the secretions more healthy, and raising the tone of the general system.

61.—Disorders of Dentition.

To enable our readers to recognise the disorders of Dentition (in itself a natural process), we shall briefly sketch the progress of healthy teething. There are two sets of teeth: the first—the milk teeth—appears during the first two years of life, and falls out about the seventh or eighth year. As the first set falls out it is replaced by the permanent, which is not completed till adult life.

The milk teeth generally appear in the following order:—About the sixth month the two middle incisors of the lower jaw, followed in a few weeks by the corresponding incisors of the upper jaw; next appear the two outside incisors of the lower jaw; and soon after those of the upper; after another interval of perhaps about two months, the first four molars, then the eye-teeth, and, lastly, four other molars, completing, by about the second year, the teeth of the first set. Should there be any little deviation from this order, or should dentition be a little prolonged, no great importance need be attached to it.

Although Dentition is a natural process of development, in many children it is a trying one, and may even call into fatal activity latent tendencies to disease. Indeed, in the Registrar-General's annual report for 1877 no less than 8,964 deaths are ascribed to this cause. In consequence of the increased activity and excitement in the vascular system, combined with the nervous irritation which sometimes attends Dentition, local or constitutional disturbances are likely to arise in delicate or strumous children. Rickets, for example, greatly influences the progress of teething. If this disease sets in previously to the commencement of Dentition, the evolution of the

teeth may be almost indefinitely delayed; or if some are already cut, further progress may be arrested. Rickety children of eighteen months or two years old may often be seen with very few teeth, and those few black and carious. In Tuberculosis and congenital Syphilis, on the other hand, the teeth are cut early, and before the frame is sufficiently consolidated to sustain the necessary changes.

Symptoms.—Cough, with wheezing breathing; restlessness, starting, as if in fright, or interrupted sleep; sudden occurrence of febrile symptoms; hot, swollen, or tender gums, and increased flow of saliva; various eruptions on the head or body; derangement of the digestive organs—sickness, Diarrhœa, or Constipation; and sometimes Spasms and Convulsions. Diarrhœa and other symptoms of Indigestion are most frequent in the summer and autumn, and when, therefore, children are most exposed to sudden changes.

Causes.—Strumous constitution; Rachitis. The exciting causes are *irregular feeding; excessive feeding; improper quality* of food. Disordered Dentition is often coincident with a change of diet from the mother's milk to various articles which are unsuited to the age of the child. Other causes are—keeping the head too hot; too little out-of-door air, etc. By such means the nervous system is disturbed, the stomach is disordered, and restlessness, crying, Colic, and even Convulsions follow. Inflammatory affections of the gums, or disproportion between the jaw and the number and form of the teeth, are also causes of suffering. (See the next Section.) Frequently these causes may be avoided, and the sufferings of Dentition reduced to a minimum, even in strumous constitutions.

Not a few cases of disordered Dentition are referable to

the mother. Worry, fits of anger, overheating, fatigue, etc., may so poison the blood of the mother, that, unless the milk be first withdrawn, and nursing suspended until physical and mental calm be restored, Convulsions, Fever, Diarrhœa, or even sudden death, may result.

TREATMENT.—*Chamomilla* is an excellent medicine for most cases of disordered dentition, and, in the absence of fever, should be considered. It may be given every two or three hours.

INDICATIONS FOR THE SEVERAL REMEDIES.

Aconitum.—Feverishness, restlessness, inflamed gums.

Calc.-Carb.—Cases complicated with slimy diarrhœa; in scrofulous patients.

Chamomilla.—Bilious purging, intestinal irritation, cough, nervousness, and fretfulness.

Kreasotum.—In cachectic children; agitation and wakefulness; gums inflamed; constipation; teeth decay as soon as they appear.

ADDITIONAL REMEDIES.

Arsen. (with much emaciation); *Bell.* (flushed face, nervous irritability); *Merc.-Sol.* (green or bloody motions); *Podoph.* (pain in paroxysms, with Prolapsus Ani); *Sil.* (much perspiration about the head when falling asleep.)

ACCESSORY TREATMENT.—*Regularity in the times of feeding and sleep;* correction of any habits in the mother which may affect the child unfavourably; restriction to *suitable quantities* of food at one time. Neave's Farinaceous Food, prepared according to the directions supplied with it, is generally the best artificial diet for children. *Keeping the head cool* and the *feet warm,* washing the child daily in cold water, *and allowing it to be much in the open air,* tend to prevent determination of blood to the head.

62.—Decay of the Teeth.

The function of the teeth is so important that it is impossible to over-estimate the necessity of exercising due care in their management during the whole period of childhood. A good set of teeth is one of the best guarantees a child can possess of good digestion and prolonged health; and this blessing it is generally possible to attain by the exercise of early care. A large proportion of the patients who come under our observation, including persons of all ages, suffer from a more or less deteriorated state of the teeth and gums. Our opportunities of investigating this subject have been extensive, for it is one of the points upon which we make definite inquiry, more especially in cases of Indigestion and defective nutrition. Our own observations are confirmed by dentists of long practice, who have noticed the increasing prevalence of carious teeth.

Causes.—The early decay of the teeth is due, in a great measure, to preventible causes, the chief of which are the following :—

1. *A Crowded State of the Teeth.*—In some children the jaws are so small or irregular that there is not sufficient room for proper development. The consequence is that they overlap, and, pressing against each other, damage the enamel. Moreover in this condition there is greater probability than in a normal condition that particles of food will be retained in the mouth, and decomposing, the formation of caries will be favoured.

2. *Insufficient Use of the Teeth.*—This is consequent on the kind of food taken, and on its preparation. The prevalent use of sops and of soft new bread is productive

of much evil. Nothing is more suitable for a child, with the incisors cut, than a crust of stale bread, or a bone, on which to exercise and harden the teeth and gums. The result of insufficient use of the teeth is that the jaws are imperfectly developed, the gums become soft and spongy, the teeth grow irregularly, are easily loosened, and drop out. For it is with the teeth as with all other organs and functions of the body, the less they are employed for the purposes to which they are assigned, the more rapidly they become enfeebled and degenerate. Resistance gives strength. The resistance of tough food affords that healthy pressure which promotes circulation in the vessels, gives fixedness to the teeth, and necessitates the formation of that hard texture which wears well even when the enamel is gone.

3. *Constitutional Debility.* — Whatever enfeebles the general system enfeebles every part of it. If the standard of health be lowered by disregard of hygienic measures, or in any other manner, the teeth will suffer; they will decay for want of sufficient nutrition.

INDICATIONS FOR TREATMENT.

Kreasotum.—Sour state of the secretions of the mouth and stomach, with *frequent vomiting;* soreness of the gums.

Mercurius Sol. 6.—Looseness of the teeth; retraction and bleeding of the gums; *excessive flow of saliva;* fœtid breath.

Silicea.—Soft, crumbly state of the teeth, associated with symptoms of *Rickets.*

Staphysagria.—*Blackness* of the teeth; paleness, swelling, soreness and erosion of the gums; looseness of the teeth.

PREVENTIVE TREATMENT.—This may be inferred from the causes already mentioned. To prevent the crowding of the teeth, an experienced and skilful dentist should be consulted, who will remove superfluous teeth, selecting for extraction any that may be hopelessly decayed, or those which are most liable to early degeneracy, viz., the first permanent molars. We have repeatedly advised this course, with the most satisfactory results. Personal appearance has been improved by the greater regularity of the teeth; for the vacancies occasioned by removals have been quickly filled by the adjustment of the teeth to the vacant spaces. To prevent deterioration, we recommend a return to the primitive custom of eating *whole meal bread.* It gives the healthy stimulus which the teeth and gums require; it is more nutritious to the system; and it supplies in considerable quantity the silica and phosphates from which enamel and dentine are formed. We also advise parents to allow their children the vulgar gratification of nibbling a bone now and then. Sweets should only be allowed in moderation, for they injure the teeth; not, as is usually supposed, by direct chemical action, but by disturbing digestion, and vitiating the secretions of the mouth. Very acid fruit acts both directly and indirectly upon the substance of the teeth; strong acids, some of the preparations of iron, and hot drinks are also prejudicial. Cleanliness is essential to the prevention of decay. The bristles of the tooth-brush should be moderately soft, and not too thickly set. Where food is liable to become entangled between the teeth, the brush should be used after every meal. Not only animal food, but particles of white bread originate degenerative changes, and should be removed. Tooth-powder is un-

necessary except after the teeth have been neglected; it may then be required for a short time to remove carious incrustation. In any case the tooth-powder should not be harsh or medicated. Such as feels rough and gritty when rubbed between the thumb and finger should not be used, as it will scratch and injure the enamel. Brushing with simple water should be commenced directly the teeth appear, and nothing else is necessary in the case of children. Friction is beneficial to the gums, the removal of decomposing particles of food tends to avert premature decay, and cleanliness is as healthful in the mouth as in any other part of the body.

Another method of preserving the teeth is the one so forcibly recommended by Mr. Catlin—*sleeping with the mouth shut.* Children should be initiated into the habit at the very earliest period. They should also be taught to keep the mouth shut as much as possible during the waking hours. This habit contributes much to the end contemplated. Finally, a simple style of living, fresh air, exercise, and cleanliness during the whole period of childhood will facilitate healthy growth, and aid largely in the preservation of the teeth.

63.—Toothache (*Odontalgia*).

Toothache is often a distressing ailment of childhood, and is far from being uncommon, especially during the decay of the first teeth. The most frequent exciting *causes* are sudden changes of temperature, Indigestion, general ill-health, and irritation of the bared nerve by particles of food.

INDICATIONS FOR TREATMENT.

Aconitum.—Toothache brought on by *cold,* or accompanied by *fever symptoms.*

Arsenicum.—*Intermittent* toothache; burning or cutting pains; general *prostration.*

Belladonna.—*Pain,* extending to the *temples,* particularly the right; *redness of the face, burning, throbbing,* and heat of the head.

Bryonia.—Pain aggravated by *hot or cold food;* the cheek being tender to the touch.

Chamomilla.—*Unbearable paroxysms* of pain; nightly aggravation; redness of one cheek and paleness of the other.

Mercurius Sol. 6.—Pain starting from loose or *decayed teeth,* occurring in the night, accompanied with perspiration that gives no relief; pain *extending to the ears.*

Kreasotum.—This is a valuable remedy when *caries* exist, with red and painful gums, *offensive breath,* etc.

Pulsatilla.—Pain *from indigestible food,* fat, pastry, etc.; pain on the *left* side of the face.

Staphysagria.—Toothache in *blackened,* decayed teeth; the teeth feel too long.

ACCESSORY TREATMENT.—The application of heat will sometimes give relief; in other cases, when the temple throbs, a small stream of cold water eases the pain. The digestive organs should be brought into a healthy condition, the action of the bowels should be regulated, and very hot or very cold food avoided.

ELECTRICITY frequently gives speedy relief. Using a constant current of eight or ten elements, the negative pole is applied to the cheek near the aching tooth, and the positive pole to the back of the neck. Improvement ensues in a few minutes.

In some cases the only remedy is *extraction*, especially if the tooth be loose, much decayed, and unfit for mastication; but in most cases the pain may be relieved by homœopathic remedies. If the pain be in the permanent teeth, and the caries be recent and slight, the decayed portion may sometimes be removed, the cavity filled with a suitable material, and thus preserved a useful member for years. A qualified dentist should be consulted. (See also the previous Section.)

64.—Indigestion.

Symptoms.—Loss of appetite; flatulence; nausea and eructations of acid or bitter fluids; furred tongue; foul breath; pain and weight at the stomach, worse after eating; Vomiting; irregular action of the bowels; hiccough; Headache; disturbed sleep, etc.

Causes.—Irregular feeding; unsuitable food; insufficient fresh air and exercise; exposure to cold and damp, etc.

Treatment.—Acute indigestion will mostly succumb to *Nux Vomica* or *Pulsatilla*, the former being more frequently called for in male, and the latter in female children. Three doses in the day are usually sufficient.

Indications for the above and other Remedies.

Antimonium Crudum.—Loss of appetite; white, furred tongue; eructations tasting of the food; Vomiting; *alternate relaxation and Constipation;* pimples on the face.

Bryonia.—Uneasiness after food; foul eructations; nausea or Vomiting; Headache; Constipation; *pain under the shoulders.*

Carbo Vegetabilis.—Heartburn; *foul flatulence;* Headache.

Chamomilla. — Sallow skin; yellow tongue; thirst; colic; sour breath and Vomiting; *greenish Diarrhœa; irritability;* Toothache. This is a sovereign remedy for *Infantile ailments.*

Hepar Sulphuris.—Heartburn; dislike to food; *nearly all kinds of food disagree;* craving for unusual kinds of food, wine, etc.

Nux Vomica.—Pain and fulness of the stomach; eructations or Vomiting of sour or bilious matters; sallow skin; *confined bowels.*

Pulsatilla.—Indigestion from pastry or rich food; *heartburn;* foul taste; mucous Diarrhœa. Most suited to fair, light-haired children, especially girls.

Accessories.—Attention to diet (see examples of dietary for healthy children, pp. 27-36), cleanliness, fresh air, daily out-of-door exercise, etc., are of great importance in preventing or correcting Indigestion. A wet compress to the pit of the stomach is of great service. (See also Sections on "Vomiting," "Diarrhœa," "Constipation," and "Worms.")

65.—Simple Vomiting.

The vomiting of infants may be divided conveniently for our purpose into two kinds—simple and chronic, the former being most common.

When the milk is rejected immediately after nursing or feeding, the milk being curdled, it is of the simple variety, and is caused either by too frequent feeding or over-distention of the stomach. Vomiting of uncurdled milk indicates debility of the stomach, and requires a

carefully regulated diet, smaller quantities of food at a time, and at shorter intervals.

CAUSES.—Repletion; improper or badly-prepared food; premature weaning; the use of starchy food before the child is able to digest it. Wet-nurses unable fully to supply the wants of the suckling have been known to supplement the breast-milk by arrowroot, corn-flour, and other indigestible food, to meet the deficiency. In such cases the use of the microscope reveals starch granules, and thus enables us to detect the cause of the derangement. Impure air, too little sunlight, want of cleanliness, and other bad hygienic conditions, are fertile sources of Vomiting. The crowding of a whole family in one room, or the crowding of many children in a small, badly-ventilated, ill-lighted, and cold room, is not an uncommon cause of the derangement.

INDICATIONS FOR TREATMENT.

Antimonium Crudum. — *Thickly-furred, white tongue;* great thirst; painfulness of the stomach to pressure; nausea; *eructations;* poor appetite; vomiting of bile, with Diarrhœa.

Ipecacuanha.—Aversion to food and *Vomiting of mucus.* This is especially suitable when the breast-milk disagrees with the child, and is returned.

Nux Vomica.—Aversion to food and drink; the matters vomited are sour or fœtid; vomiting of green bilious matter; *Constipation.*

Pulsatilla.—Simple vomiting *from indigestible food;* or when due to debility of the stomach.

ACCESSORY TREATMENT.—A change of diet is generally necessary in hand-fed or weaned children, and a change of the mother's diet, or of her habits, in the case of those

who are fed by the breast. Suckling infants should be nursed at regular periods, and not permitted to suck too long at one time, the amount permitted to be swallowed being regulated by the previous meal. If that has been rejected, the quantity at the next must be lessened. In some cases the child should have a wet-nurse or be fed with *Sugar-of-milk*, as elsewhere directed (see p. 29), or with cow's-milk and lime-water, given in such quantities as can be retained. In the case of older children much care is often necessary. When a disposition to sickness has been excited the stomach will only bear small quantities of food at a time — very much smaller than are commonly given; while warm food is sometimes much better tolerated than cold. Small pieces of ice placed on the tongue tend to allay Vomiting, and are usually very grateful to the little patient. After vomiting, it is better to make no attempt for an hour or two to give any kind of food or drink. After some rest, a teaspoonful of cold water may be given, and followed in ten or fifteen minutes by a very little cold milk-and-water, or whatever else may be suitable. Another point, of considerable importance during sickness, is to avoid moving the child hastily or roughly in giving it food, or raising it more than is absolutely necessary out of the lying posture.

After the child is a week or two old, during favourable weather, abundance of pure open-air and sunlight will improve the tone of the digestive organs. Even as soon as the infant is one or two weeks old it may be taken out-of-doors. Strict cleanliness is necessary, and the whole body should be sponged at least once a day in cold or tepid water. The child should be warmly clad, the feet especially being kept warm.

66.—Chronic Vomiting.

Symptoms. — Chronic vomiting generally comes on slowly, and *without* fever, differing in these respects from common Simple Vomiting, which is accompanied by heat of skin, thirst, and a loaded tongue. At first the child vomits, at irregular intervals, curdled milk of a strong sour smell, showing by its yellow or green tinge the presence of bile. After a time the matters vomited look like clear water mixed with food. The belly is full, hard, and tender; sour or fœtid eructations occur, and the bowels are obstinately constipated. The child grows thin, pale, and fretful; and the fontanelles sink considerably. Occasionally Diarrhœa intervenes, then leaves the bowels as obstinate as ever; the motions being passed with great difficulty, and consisting of light-coloured, hard, round lumps, covered with tough mucus. The tongue is now coated with dirty yellow fur, and dry; the breath smells sour; the lips are red, and lack moisture; the mouth is clammy and parched, and the lips appear to project.

This condition may continue for weeks, or even months, slowly passing into the next stage, when vomiting occurs much more frequently, and is occasioned by the slightest movement. The milk is rejected *uncurdled;* emaciation progresses rapidly, the skin becomes harsh, dry, and flaccid, the features pointed, and the knees are drawn up on the abdomen.

The temperature sinks very low, the child lies with the eyes half-closed in a semi-stupor; Thrush appears; and the worn-out sufferer sinks to rest.

Causes.—Too early weaning; the premature use of

starchy kinds of food; and other conditions enumerated under "Chronic Diarrhœa."

DIAGNOSIS.—Chronic Vomiting, combined with obstinate Constipation, may arouse suspicion of brain disease; the following table, however, shows the differences between these conditions:—

TUBERCULAR MENINGITIS.	CHRONIC VOMITING.
1. Seldom occurs in *children* under one year.	1. Is most frequent in young *infants.*
2. *Elevation* of temperature.	2. *Depression* of temperature.
3. Fontanelles *prominent* and frequently pulsating.	3. Fontanelles *depressed* and motionless.
4. Pulse *irregular.*	4. Pulse feeble and *regular.*
5. Abdomen *retracted.*	5. Abdomen *tumefied.*

INDICATIONS FOR TREATMENT.

Arsenicum.—Dryness of the mouth, with bitter taste and disagreeable odour; Thrush; ulcerated, coated, or *cracked tongue;* vomiting after food of watery fluid; great tenderness and Colic; *prostration and emaciation;* watery diarrhœa.

Calc.-Carb.—Chronic Vomiting, with *swelling and hardness of the bowels,* and constipated or offensive motions. Very suitable to small or weakly children.

Kreasotum.—A poor constitution, general ill-health, and *persistent vomiting.*

Nux Vomica.—This is an excellent remedy in some forms of *Chronic Vomiting.*

Pulsatilla.—Tongue covered with whitish mucus; vomiting of mucus or bile; mucous *Diarrhœa.* Most useful for fair children with blue eyes.

Veratrum Alb.—Excessive Vomiting, especially with *watery, nocturnal* or *involuntary Diarrhœa;* slow pulse; faintness; *coldness of the face, tongue, and extremities.*

ACCESSORIES.—Due care should be at once taken that the child is properly clothed and fed. The clothing should be

sufficient to secure comfortable warmth. If he has been prematurely weaned, and it is impossible to procure a suitable wet-nurse, the child should have sugar-of-milk food (see p. 29), ass's milk, equal parts of fresh cow's milk and water; or fresh whey and cream (one tablespoonful of cream, two of whey, and two of hot water). In obstinate Vomiting, the food should be given cold or cool. Much injury often results from careless nurses giving food too hot. The body of the child should be sponged twice a day with tepid water, and afterwards rubbed with olive oil. The greatest cleanliness should be observed, and all vomited matters or soiled clothes removed immediately.

In case of extreme prostration, small doses of brandy may be given, one to five or ten drops, according to the age of the child, in a teaspoonful of cold water; also cold beef-tea, in small quantities, frequently repeated. For this purpose, the *beef-tea* may be prepared as follows: To a pint of *cold* water, add a pinch of salt and ten drops of *Muriatic Acid*, first decimal dilution. Cut up fine eight or ten ounces of lean beef, and stir among the liquid. In an hour strain with gentle pressure through a fine cloth or hair sieve. For children over twelve months old, the whites of one or two eggs may be thoroughly mixed with the liquor.

67.—Acute Infantile Diarrhœa.

The frequency of Diarrhœa in early childhood, especially during dentition, its disastrous effects on the constitution, if unchecked, and its large contribution to infantile mortality, especially in summer and autumn, render the due consideration of the subject of great importance. Depending, moreover, as it often does, on obvious and removable

causes, and unaccompanied by lesions other than functional or transient, it is a disorder that well repays the application of our preventive and curative resources.

Varieties.—Diarrhœa in childhood presents many phases, and has been described under numerous headings,—simple, catarrhal, non-inflammatory, choleraic, inflammatory, and dysenteric. Simple Diarrhœa, or excessive fluid evacuations, when sudden, profuse, and frequent, becomes *choleraic*. When mucus from the large intestine accompanies the fæcal discharge (a complication which usually takes place if the Diarrhœa persists) it becomes *inflammatory;* and if irritation and straining be superadded, it is termed *dysenteric*. But as these varieties chiefly differ in severity and duration, one often passing insensibly into another, we shall arrange our treatment of them under two headings—*acute* and *chronic*.

Causes.—The circumstances which may develop an attack of Diarrhœa are numerous, and their detection often necessitates much care; but as the cause generally influences the treatment, it should always be investigated. The most fruitful source of Infantile Diarrhœa is *improper food*, especially farinaceous, which is often most unwisely given almost as soon as the ability to swallow exists. The constant passage of indigestible starchy masses along the intestinal canal causes irritation to the sensitive mucous lining, which sooner or later expresses itself in Diarrhœa.[1]

[1] It has been long known that the saliva of newly-born animals has not the power of transforming starch into sugar. A recent experimenter has taken the pancreas from kittens and puppies, and has ascertained that the pancreatic juice in these animals when young is, like the saliva, incapable of converting starch into sugar. The bearing of this fact on the practice of giving starchy food to infants is obvious.—(*Gaz. Med. Ital., Nov.*, 1872.)

Sour milk is a frequent cause, especially among the poor. So is an inferior quality of maternal milk, such as of women in whom the monthly period has returned, or whose milk is otherwise deprived of its nourishment. Sugar is also hurtful, particularly when given too freely in milk when the mother is unable to nurse. When the milk is unsuitable the stools first resemble chopped eggs, and afterwards bad eggs; and the child suffers much from wind and colic, emitting flatulence which smells like rotten eggs. Dr. Lade says "he finds the milk of the cow, without the addition of sugar, preferable to the two together." One of the earliest causes of this disorder, as the same gentleman points out, is the highly reprehensible practice of some nurses giving castor-oil, or a bolus of butter-and-sugar, soon after the baby is born. *Foul air* and *contaminated water*, the inevitable results of filth and overcrowding, are causes of an obstinate form of Diarrhœa. In fact, Diarrhœa and infantile mortality are largely augmented by neglect of efficient sanitary measures, especially the effluvia or emanations from drains or decaying vegetables, and other refuse which may pollute the air and food, and set up irritation.

Further, heat, and other atmospheric conditions, especially in summer and autumn, exercise a prejudicial influence, and directly tend to develop or increase an attack of Diarrhœa.

Symptoms.—These vary extremely, even in recent and acute attacks, from a slight, painless increase in the quantity, frequency, and altered consistence of the normal evacuations, to violent, painful, and frequent purging; liquid evacuations, perhaps several times every hour, being ejected with spasmodic force. In the latter cases the

motions are green or spinach-like, resembling those produced by administration of mercury, but assume a yellow appearance during recovery. Frequently they contain the caseine of undigested milk in the form of numerous white specks. In the more severe stage, they are sometimes streaked with blood, and mixed with mucus. There is also generally sickness, thirst, and an interruption in the nutritive processes. Acute Diarrhœa rapidly reduces the firmness of the muscles, and if the drain be severe, in two or three days there is a marked loss of flesh and strength. The eyes are sunken, the features pinched and livid; the pulse rapid, feeble, and nearly imperceptible; and the extremities cold and shrunken. On the other hand, after the cessation of an acute attack, the lost flesh and vigour are quickly regained, and the child soon recovers his wonted colour and spirits.

TREATMENT.—Slight attacks from evanescent causes may be left to themselves; the relaxation may be beneficial, effect its own cure, and cease spontaneously in a day or two. As soon, however, as it begins to pass the limits of health, and act injuriously, remedial and corrective measures should be instituted.

INDICATIONS FOR TREATMENT.

Arsenicum.—Neglected or advanced cases, in which there is aggravation at night, and *unquenchable thirst:* when the various measures employed seem useless, and the *pale, sunken face* gives evidence that the disease is making serious inroads, *Ars.* often succeeds. But it is more often required in *chronic* than in acute Diarrhœa.

Chamomilla.—Diarrhœa during *Dentition,* or from *cold,* with *fretfulness* or restlessness; colicky pains; greenish,

watery, frothy, and offensive evacuations; yellowness of the whites-of-the-eyes, and sallow skin.

Ipecacuanha.—Simple Diarrhœa, with straining or blood-streaked motions, from overloading the stomach, or during hot weather with *sickness*, the latter symptoms being more marked than the Diarrhœa.

Iris.—Bilious evacuations, with sickness; *Cholera Infantum*, especially when *vomiting* is frequent.

Mercurius Corr. — Evacuation containing *blood*, and passed with *excessive straining*.

Mercurius Dulcis.—Stools green, whitish, *clay-coloured*, watery, or mixed with mucus; *straining*, nausea, and thirst.

Podophyllum.—Profuse, *sudden*, fœtid, exhausting discharges, *worse in the morning* and forenoon; frequent retching without vomiting; drowsiness; rolling and perspiration of the head; moaning and restlessness; *Diarrhœa better at night.*

Veratrum Album.—*Choleraic* Diarrhœa, with frequent, copious, *watery discharges*, occurring *in gushes*, and accompanied by excessive *Vomiting* and *prostration;* spasmodic drawing up of the legs, *cold sweat* on the forehead, and *coldness of the abdomen.* This remedy is often valuable after others have been uselessly administered.

Accessories.—In the first place, an attempt should be made to correct Diarrhœa, even in its mild form, by the *removal of its cause.* In the majority of cases we believe this will be found in the diet. Farinaceous food, which should not as a rule be given until after the teeth have appeared, is a common cause of intestinal irritation.

Should a substitute for maternal milk be necessary, the best is cow's milk with the addition of *sugar-of-milk* as

recommended p. 29. *Lime-water* in some cases may be substituted for sugar-of-milk, and added in the proportion of a tablespoonful to a feeding bottle which holds about six ounces. In addition to its nutritive value, lime-water tends to keep the milk sweet. The temperature of food is also very important; it should be given cold, or even iced in feverish states. Cold milk and lime-water will often suffice to arrest an attack, when warm would be wholly useless. When sickness is superadded to the Diarrhœa, and is troublesome, all preparations of milk may have to be suspended for a few hours, and whey, veal broth, Mellin's Patent Extract, water, or barley-water, substituted; and this, again, followed by beef-tea, or other kind of animal broth. The application of a broad flannel binder to the abdomen, particularly during Dentition, is very serviceable, and expedites a cure. It should extend from the waist over the hips.

When Diarrhœa is due to congestion caused by excessive heat, cold affusions alone are relied on by Dr. Makenna for the arrest of the discharge. He has the child stripped and placed on a dry mattress covered with a sheet, bathing it with iced water after every motion, and giving iced milk or water to drink. The Diarrhœa is said to be *immediately* arrested by this treatment.

In grave cases of Diarrhœa, with tendency to failure of the pulse and collapse, small doses of brandy are necessary. Ten to twenty drops with milk, or milk and lime-water, may be given every thirty to sixty minutes. The feet and abdomen should be kept warm. Cleanliness and fresh air aid recovery. Except in severe cases, children should be taken out-of-doors for short intervals, properly protected from atmospheric changes.

68.—Chronic Infantile Diarrhœa.

Chronic infantile Diarrhœa is generally much milder than the acute, but none the less grave on that account. Indeed, the commencement is often so insidious that this serious derangement is overlooked till the loss of flesh and strength are so far advanced as to force a conviction that some secret disease has been undermining the system. In this insidious form, fever is absent from the first; the evacuations may be three or four daily, about the colour and consistence of putty, and accompanied with pain and straining. The dejections consist partly of undigested food; and when there is violent straining, mucus, and even blood from small vessels ruptured by the severity of the straining. The motions often smell sour and offensive, while the child looks dull and pale, but otherwise well. This form of Diarrhœa may continue for weeks, or even months; the additional symptoms being loss of flesh, colour, and activity. At length more decided symptoms set in; the stools becoming watery, slimy, clay-coloured, or grass-green, having an increasingly offensive odour. At this stage variations are almost constant, often coincident with atmospheric changes. The emaciation advances; the food, eagerly taken, seems to pass through the child immediately in an undigested state; the child lies listless and helpless, or cries plaintively, and draws up his legs from the accumulation of gas in the abdomen.

The skin is now dry and harsh, the features old and pinched, the bones projecting, and the child appears a mere skeleton, loosely covered with flaccid skin. The appetite becomes capricious, or is altogether absent; the stools become excessively frequent—fifteen or twenty in

the twenty-four hours; Thrush, soreness of the buttocks, and death may shortly supervene.

From the poverty and thinness of the blood, the feet, fingers, and eyelids may swell; or effusions may take place in the lungs. Eruptive fevers are very liable to occur, or Convulsions or stupor may precede dissolution. Should the stools, however, become more solid, and coloured with bile; should the patient also assume a more active, fretful, and tearful temperament, hopes of recovery may be entertained. Diminished fœtor of the stools, Constipation following the relaxation, and increase of flesh and strength, are additional grounds for anticipating a favourable termination of the disease.

Causes.—Chronic Diarrhœa is generally traceable to three sets of causes—viz., bad hygienic conditions, atmospheric influences, and improperly treated acute disease.

The younger the child, the more easily is it impressed by neglect of cleanliness, want of proper food, fresh air, and sunlight; and the more essential to recovery is its removal from the influences of these causes. The reprehensible practice of giving newly-born infants castor-oil and boluses of sugar-and-butter by ignorant and old-fashioned nurses, is also a frequent cause of Diarrhœa, Vomiting, and Indigestion. Chilling of the surface of the body is another frequent cause of Chronic Diarrhœa. As this cause may be obviated, we would impress upon all mothers the necessity of protecting their children, especially if at all delicate, from the inclemencies of the weather.

The acute disorders to which this form of Diarrhœa is a common sequel are—Measles, Smallpox, Scarlatina, Inflammation of the Lungs, Enteric Fever, Croup, Bronchitis, and Pleurisy. Inflammation of the large bowel,

when the motions assume a dysenteric form, Ulceration of the mucous membrane of the small intestines, and Tubercular Peritonitis, are also causes.

Diagnosis.—If the disease date from a few days of the child's birth, or if its commencement coincide with weaning or the use of unsuitable food, it is probably a simple Intestinal Catarrh. In this species of Chronic Diarrhœa the temperature is *lower* than in health. When derangement follows an acute disease, there is generally fever, pain in the abdomen, languor, and frequently vomiting. These symptoms slowly subside, and leave the case one of Chronic Diarrhœa, such as we have already described.

Tubercular inflammation of the mesentery—*Marasmus*—is one of the most formidable causes of Chronic Diarrhœa; and may always be suspected when, without the irritation of dentition, there is a persistent *elevation of temperature* in the evening. When the Diarrhœa shows traces of blood, and the abdomen is very tender to pressure, *Ulceration* of the mucous membrane of the intestine is probably present.

Prognosis.—The graver forms are those following inflammatory diseases, or when the stools are greenish matter, like chopped spinach, or brown, fœtid, dirty fluid and mixed with purulent mucus and blood. Dry and rough tongue, Thrush, or Dropsy are very unfavourable symptoms. Great tenderness of the abdomen on pressure is also of serious import. On the other hand, if the motions become thicker and more uniform (homogeneous), even though they continue very offensive, a favourable result may be anticipated. Amongst the additional favourable signs may be included—continuance of the natural progress of Dentition, the appearance of tears, and the

occurrence of any eruption (unconnected, of course, with any of the exanthemata) upon the child's body, even although the Diarrhœa may not at the time have undergone any visible improvement (*Dr. Eustace Smith*).[1]

Our allopathic brethren view with dismay the exceeding fatality of this disorder; under homœopathic treatment, complete recovery is the rule.

INDICATIONS FOR TREATMENT.

Arsenicum.—Bluish or white tongue; *excessive, unquenchable thirst;* vomiting; distention of, and pain in the abdomen; Diarrhœa worse after food, especially after midnight; motions watery, slimy, black, green, whitish, or bloody, and *frequent* and *scanty; weakness and emaciation;* distressing restlessness, sleeplessness; pale face; coldness of the extremities.

Calcarea Carbonica.—Diarrhœa in weakly, pale-faced, emaciated, scrofulous children, who are liable to glandular swellings on taking the least cold; undigested, sour, papescent, frothy, fœtid, or involuntary stools; thread-worms; pains during a motion, and faintness afterwards.

Carbo Vegetabilis.—*Offensive Diarrhœa;* thirst after a motion; much flatulence, acidity, and ill-humour.

Cina.—Diarrhœa associated with worms; starting and crying out in sleep, and other worm symptoms.

China.—Diarrhœa, worse after eating; yellow, watery, undigested, blackish, or putrid motions; flatulence; loss of appetite; debility.

Croton Tiglium.—Thin, yellowish-brown, putrid evacuations, expelled suddenly, and induced by eating; involuntary stool during sleep.

Iodium.—Thin, fœtid evacuations, with distention of

[1] "Wasting Diseases of Children."

the bowels; emaciation from unassimilated food; hectic symptoms. It is especially suited to the Diarrhœa of strumous children.

Mercurius Iodatus.—Chronic Diarrhœa, with hardness and enlargement of the abdomen; the glands may sometimes be felt on pressing the hand upon the bowels, which impart a knotty feeling. This remedy is most suitable for the stunted and ill-nourished children of weakly parents, particularly when scrofulous enlargements or Abscesses exist.

Mercurius Sol.—Frequent evacuations of frothy mucus, or whitish, green, offensive, or bloody stools; excoriation of the anus; violent pain; Jaundice. If there is severe *straining*, with other dysenteric symptoms, *Merc.-Cor.* is preferable.

Phosphorus.—Chronic Diarrhœa in children having a consumptive tendency; yellow tinge of the eyes and skin; great prostration; chest complications.

Accessories.—In the case of infants, milk-and-water, without sugar, is the best of all food; but where it does not agree some of the "prepared food" may be tried. In some few cases animal broths are efficacious. In older children, old rice, freshly cooked in milk, is excellent. Mutton, chicken, game, pigeon, white fish, etc., are generally advantageous if not overdone. Raw eggs beaten up, or eggs lightly boiled, and other nutritious kinds of food, are necessary. A piece of tender, juicy, under-cooked lean mutton, minced and pounded to a pulp, with all pieces of fibre removed, and mixed with bread-crumbs and a little salt may, be tried. Of this from one to three ounces, according to the age of the child, may be given daily. This dish is particu-

larly valuable when the Diarrhœa has caused much wasting and exhaustion, and when the evacuations contain unaltered food. Tepid abdominal compresses, and frictions over the spine and whole body, are also necessary. An abdominal belt of flannel is often efficacious. As suggested under "Causes," children should be protected against atmospheric changes by warm Clothing. Lastly, change of air is often necessary and promptly curative. If no other end be served, it may remove the little patient out of the range of some undetected and unthought-of cause of the disease, which exists in the air or water.

69.—Inflammation of Bowels (*Enteritis*).

Definition.—Inflammation of the intestines, the disease involving all their coats or only their mucous lining.

Symptoms.—Rigors, followed by dry, hot skin, quick, wiry, strong pulse, thirst, nausea, or vomiting, and often constipation. The patient complains of severe pain in the abdomen, especially around the navel, which is aggravated by pressure. He lies on his back, with his knees raised. Diarrhœa is also a frequent symptom.

Causes.—Cold, errors in diet, purgatives, worms, internal strangulation of the bowels, some general disturbance, as fever.

Treatment.—It will rarely be improper to commence the treatment with a few doses of *Acon.* If the disease have arisen from cold, and be encountered early, this medicine will most likely rapidly restore the patient's health.

Indications for the several Remedies.

Aconitum.—In the early stage when there is a good deal of fever, and the skin is hot and parched.

Arsenicum.—Severe burning pains around the navel, obstinate vomiting, and much prostration.

Colocynth.—Drum-like distention of the abdomen, severe gripings, bilious vomiting; when the large intestines and rectum are affected.

Kali Bichrom.—Thickly-coated, brown tongue, bitter taste, pale stools; when the upper part of the intestines is affected.

Mercur.-Cor.—Hard, distended, and tender abdomen; fœtid, watery stools; constant urging to stool, followed by straining and evacuations of mucus or mucus and blood.

Podophyllum.—Diarrhœa, with stools constantly changing in appearance; morning exacerbation; tendency to jaundice.

Accessories.—Hot fomentations to abdomen, followed by a carefully-applied tepid wet compress. Ice or cold water may be taken freely in small quantities. The diet should consist of milk-and-water only. As the disease subsides beef-tea or prepared Farinaceous Food may be given.

70.—Prolapsus Ani (*Prolapsio Ani*)—Falling of the Bowel.

Definition.—A protrusion of the mucous lining of the rectum through the anal orifice, after the action of the bowel, which goes back of itself, or is easily replaced.

Causes.—Long-continued Constipation or Diarrhœa; purgatives; straining excited by the irritation of worms, or of stone in the bladder; laxity and delicacy of constitution. Although not confined to them, it is most frequent in children.

INDICATIONS FOR TREATMENT.

Arsenicum.—When there are hot, loose motions preceded by colicky pains and thirst.

Calc.-Carb.—In chronic cases in scrofulous children.

Lycopodium.—Inflamed rectum, much flatulence in lower bowel.

Merc.-Cor.—Much tenesmus, with blood in stools.

Podophyllum.—Prolapsus of the rectum; loose motions, of a brownish hue, hot, and having an acrid odour.

ACCESSORIES.—When Prolapsus occurs after the action of the bowel, the protrusion should be reduced by placing the child across the lap, and making pressure on the protruded part with the fingers, previously lubricated, and carried beyond the contracting ring of the muscle around the anus. Prolapsus occasioned by straining from thread-worms is usually corrected by the treatment prescribed in the Section on Worms. Bathing the parts with cold water every morning, and injections of water, are useful.

The child should lie down for a short time after the action of the bowels. Constipation should be prevented by the measures elsewhere prescribed (p. 187). The diet should be wholesome and unstimulating.

71.—Ruptured Navel (*Umbilical Hernia*).

DEFINITION.—A protrusion from the abdominal cavity through the navel-ring, where it forms a smooth, ovoid, tense tumour, easily returnable by pressure. It is sometimes congenital, but more frequently occurs soon after the separation of the navel cord.

CAUSES.—Violent crying or straining of the infant,

while the integuments which close the umbilical ring are but imperfectly developed.

TREATMENT.—Should there be any signs of a protrusion at birth, or soon after, a circular piece of cork should be applied, somewhat convex on both sides, covered with soft leather, and secured by a moderately tight-fitting bandage around the abdomen. A flat piece of sheet lead, or ivory, protected with soft leather, with the convex surface over the aperture, may be substituted for the cork. If the pad slips off the part, it should be secured by cross pieces of adhesive plaster. If the pad is nicely applied, and continued for one or two months, a radical cure may be expected.

REMEDIES.—*Nux Vomica* at night, and *Sulphur* in the morning, are recommended, and probably facilitate the cure. Dr. Van Norman reports several cases as cured with *Nux V.*, a dose at night, for three or four weeks, with only an ordinary bandage around the child.

72.—Worms (*Entozoa*).

The worms that most commonly infest children are of three varieties—the thread-worm—pin-worm or maw-worm (*Oxyuris vermicularis*); the round-worm (*Ascaris lumbricoides*); and the tape-worm (*Tænia solium*, or *Tænia lata*). The first two are most common, the tape-worm being very rare in children under three years of age.

Thread-worms are from half to three-quarters of an inch in length, white and thread-like, moving rapidly. They inhabit the rectum chiefly, and cause great irritation.

The round-worm is from six to fifteen inches long,

similar to the common earth-worm, but of a paler colour. It feeds on the chyle, and lives generally in the small intestines; but is sometimes passed upwards into the stomach and expelled by vomiting, or downwards, and ejected with the evacuations.

The tape-worn is white, flat, and jointed, varying in length from a few feet to several yards. It generally exists alone.

SYMPTOMS.—Thread-worms give rise to itching and irritation about the anus, especially troublesome in the evening; depraved or irregular appetite, offensive breath, picking at the nose, puffiness of the face, straining at stool, falling of the bowel, Pruritus vulva, disturbed sleep, and general restlessness.

When *Round-worms* exist in large numbers, there may be, in addition to the above symptoms, pain and swelling of the abdomen; slimy stools; tenesmus; chronic Diarrhœa, most troublesome at night, with thin, scanty, and offensive motions; pallid countenance, dilated pupils, grinding of the teeth in sleep, Convulsions, Chorea, etc.

The symptoms of *Tape-worm* are less marked; sensations of weight or gnawing in the abdomen; enlargement about the navel; great appetite, and progressive emaciation.

Worms are frequently not suspected till seen in the evacuations.

CAUSES.—The predisposing cause of worms is an unhealthy, *slimy* condition of the intestines of infants and young children, from improper feeding. When the conditions are favourable for the development of worms, their germs or eggs, conveyed into the system by drinking impure water, by eating imperfectly-washed vegetables,

or underdone meat, find a nest in which to grow and multiply.

TREATMENT.—Where thread or round worms exist, *Cina* will usually be found an effective medicine. The tape-worm will require the oil of the male Fern, sometimes in large doses, for its expulsion.

INDICATIONS FOR THE SEVERAL REMEDIES.

Ant.-Crud.—White tongue, white mucous Diarrhœa.

Cina.—Boring at the nose; livid semicircles under the eyes; tossing about or suddenly *crying out in sleep;* nausea and vomiting; griping; itching at the anus; *white, thick urine;* Epilepsy, Convulsions, or other nervous disorders.

Male Fern Oil.—One of the most useful and reliable remedies in *Tape-worm.*

Mercurius Sol. 6.—Whitish, greenish, pappy, or bloody evacuations, with tenesmus; distention of the abdomen; *fœtid breath; great flow of saliva;* restlessness at night.

Sulphur.—Worm-colic; *Constipation;* and to complete the cure.

Urtica Urens.—Excessive *itching of the anus,* especially at night, from thread-worms.

ADDITIONAL REMEDIES.—*Ars., Calc.-C., Ignat., Puls., Santon., Teucrium.*

ACCESSORIES.—When there is much irritation, an injection of salt-and-water (a teaspoonful to half-a-pint) may be used at bedtime, for several days. Or lime-water injections may be used, or a little sweet oil. The application of lard to the anus, every night for eight or ten days, tends to free the child from thread-worms. The diet should include well-cooked animal food—beef, mutton, fowl, white fish, and a liberal quantity of salt as a condiment. Cakes, pastry, potatoes, butter, veal, and pork

should be withheld. The hygienic means for improving the constitution of the child, recommended under the various diseases of the digestive organs, should also be adopted.

The directions for the dietary of children at different ages (pp. 27-36), will generally suffice to prevent the various troubles enumerated in this Section.

73.—Constipation.

Causes.—Constipation in infants is almost invariably due to improper feeding, particularly the too early use of starchy kinds of food, which may occasion great mischief; irregularities of diet in the mother of the suckling infant; purgatives, etc.

It may also be a symptom attendant on fever, disease of the liver or brain, etc., and will then disappear with the derangement on which it depends, without special treatment.

Symptoms.—Headache, feverishness, restlessness, distention of the abdomen, frequent but inefficient urging to relieve the bowel, or the inclination may be altogether absent; disturbed sleep, etc. Vomiting is occasionally a symptom of obstinate Constipation.

Treatment.—*Bryonia*, *Nux Vomica*, and *Sulphur*, are the medicines which are most useful in constipation. In all cases it is well to commence with *Sulphur*. A dose night and morning of the medicine will usually be sufficient.

Indications for the several Remedies.

Bryonia.—Large motions passed with difficulty; irritability; headache; brown tongue.

Lycopodium—Is especially useful when there is much flatulence in the lower bowel.

Mercurius Sol.—Sallow skin, the white-of-the-eyes being yellowish; profuse secretion of saliva; pale, whitish motions.

Nux Vomica.—Frequent ineffectual urging, restless sleep, irritability.

Opium.—*Torpid* bowels; hard and lumpy motions; headache, drowsiness, dizziness; retention of urine.

Plumbum.—Obstinate cases; dark motions, consisting of *small balls.*

Podophyllum.—Pale or clay-coloured evacuation, mottled with green; Constipation following Diarrhœa; *Prolapsus ani;* sallow skin; restless sleep.

Sulphur.—Painful distention of the abdomen; *habitual costiveness.*

Accessory Means.—The diet should be regulated; infants not allowed starchy kinds of food, or too much cow's milk; older children should not have cheese, or too large an allowance of meat. Fresh vegetables—cabbages, turnips, onions,—ripe fruit, oatmeal-porridge with treacle, and brown bread may be taken freely. A draught of water, especially on rising and retiring, is also advisable. Frictions with the warm hand or with *olive-oil* over the back and abdomen are often effectual in affording relief, and are applicable equally to infants and older children. In obstinate Constipation, or if worms are present, injections of tepid water, or soap-and-water, are generally serviceable.

Children should early be *habituated to solicit the action of the bowels every morning with regularity.* Purgatives are to be strictly avoided.

74.—Jaundice (*Icterus*).

Definition.—A disease due to derangement of the biliary organs, characterised by yellowness of many of the tissues of the body, especially the white-of-the-eyes and the finger-nails.

Symptoms.—Yellow tinge, first of the white-of-the-eyes, then of the roots of the nails, next the face and neck, and finally the trunk and extremities. The urine becomes yellow-coloured or deep brown, and stains the linen; the fæces whitish or drab-coloured; there is Constipation; lassitude; anxiety; pain in the stomach; bitter taste; and generally, febrile symptoms. Often the bowels are relaxed from the food not being properly digested and occasioning irritation. There are also, usually, depression of spirits, prostration of strength, and slowness of the pulse. The presence of the yellow tint in the conjunctivæ and urine is very conclusive that the patient is suffering from Jaundice, and not merely from the sallowness of Anæmia.

Causes.—Functional derangements, from atmospheric changes, fits of passion, or errors in diet. Occasionally infants are born with Jaundice, the liver not having yet assumed its function of purifying the blood.

Treatment.—In a large number of cases, *Mercurius* will meet every requirement, and unless some other medicine is very clearly indicated it should be given every three hours.

Indications for the Several Remedies.

Aconitum.—Jaundice from fright or cold; *febrile heat;* much pain below the ribs.

Chamomilla.—Jaundice caused by *fits of passion,*

China.—From indigestible substances, over-exertion, cold, when the disease assumes an intermittent character, and when large doses of mercury have been given.

Mercurius Sol. 3x.—One of the most useful medicines, when the patient has not been subjected to mercury under allopathic treatment.

Nux Vomica.—Pain in the region of the liver; *Costiveness;* sickness.

Chronic cases may require *Chelid.*, *Dig.*, *Hydras.*, *Nit.-Ac.*, *Phos.*, or *Podoph.*

Accessory Means.—Flannels wrung out of hot water, applied to the region of the liver, relieve pain; in mild cases, the cold compress over the liver. Daily out-of-door exercise, regulation of the diet, and protection from atmospheric changes, are excellent *preventives.*

75.—Incontinence of Urine—Wetting the Bed.

This is a frequent and troublesome affection of children; not a disease in itself, but a symptom dependent upon causes often difficult to detect: it may consist of partial or complete loss of power to retain the urine. The most common form is *Enuresis nocturna*—wetting the bed; in rarer cases the child may have an almost incessant urging to pass water, which, if not responded to, results in a painless, involuntary discharge. If the child be troubled with a cough, the inconvenience is much increased, as during each paroxysm the urine is apt to escape. The affection is most common in children from three or four to fourteen or sixteen years of age, and is most frequent at night.

Causes.—Irritation of the bladder *from worms;* stru-

mous, or syphilitic constitution; too large a quantity of warm fluids in the evening; food or drink causing an acid state of the urine, which irritates the mucous coats of the bladder; Calculi; Tumours; congenital Phymosis; etc.

INDICATIONS FOR TREATMENT.

Belladonna.—Especially useful when the affection is most troublesome at night.

Benzoic Acid.—High-coloured and strong-smelling urine.

Calc.-Carb.—In scrofulous patients; worms.

Cantharis.—Reddish urine, passed with heat and pain; feverishness.

Chamomilla.—Uneasiness in urinating, Indigestion, and sourness of breath.

Cina.—From thread-worms.

Ferrum.—Inability to hold the urine *during the day.*

Gelseminum.—Inability to retain the urine night or day.

Phos.-Acid.—Excessive, pale, watery, alkaline urine.

ACCESSORY MEANS.—As incontinence of urine is generally the result of disease, medical and general treatment, which must be entirely regulated by the cause, are necessary to correct the annoyance. All salt, sharp, and sour articles of food, malt-liquors, spirits, tea and coffee, should be avoided. Meat may be eaten in moderate quantities, but only a small quantity of fruit, and no flatulent food. Nothing *hot* should be taken in the after-part of the day. Simple water, milk-and-water, and cocoa are the most suitable beverages. Cold water or mucilaginous drinks in moderation tend to diminish the acrid properties of the urine. The mother or nurse should be quite certain that the child fully empties his bladder before getting into bed,

as a child very tired or sleepy is apt to shirk this. Until the cause is removed, the child should be taken up once or twice in the night to urinate. He should sleep on a hard mattress, with light clothing, and not be permitted to lie on his back; this may be prevented by fixing an empty cotton-reel so that on turning on his back the reel may press into the muscles. At bedtime an occasional warm bath at 90° to 98° Fahr., or a warm sitz bath, is often of great value in this disease, and greatly contributes to the success of the general treatment. Sponging the lower part of the back with hot water at bedtime is said to cure some cases of incontinence in children. Patients should take much open-air exercise, and have ablutions with *cold* water every morning: the whole process, including drying with a large towel or sheet, should not occupy more than a few minutes.

Children troubled with nocturnal incontinence should be prevented from falling into a morbidly profound sleep, as it is then that the discharge of urine occurs. Heavy sleep may be obviated by waking up the patient about the second hour of sleep.

Corporal punishment will work no cure. The fear of it increases the tendency to urinate in the case of nervous children. It should only be resorted to when incontinence is the result of an indolent habit of neglecting the natural desire.

76.—Retention of Urine.

Definition.—Inability to discharge the urine collected in the bladder.

Symptoms.—The child is restless, uneasy, and unable to pass water beyond, perhaps, a small quantity, though

there is frequent urging; or there is a continual oozing of urine, which smells strongly ammoniacal. The urine may be bloody, or contain mucus or pus. In chronic cases it may result in dilatation of the kidneys, uræmia, and death.

Diagnosis.—In retention of urine the distended bladder may be felt at the bottom of the abdomen, and its enlarged dimensions discovered by palpation. If a catheter be introduced, the bladder is found full. In suppression of urine the bladder is found empty. Death is preceded by drowsiness, coma, and convulsions.

Causes.—Cold; acute fever; fibrinous exudation; injury to the spine; inflammation of the bladder or urethra; holding the urine too long; paralysis of the sphincter vesicæ; Stone in the Bladder; Spasms; Hysteria.

Indications for Treatment.

Aconitum.—Retention from *cold*, fever, or inflammation. Hot, dry skin, thirst, etc.

Cannabis Sativa.—Slight discharge, on urging, of *thick mattery urine.*

Cantharis.—Frequent urging, with total suppression; or the discharge, with pain, of a *few drops of bloody urine.*

Gelseminum.—*Spasmodic retention;* the water being passed freely at times.

Nux Vomica.—Constipation, heat in the lower part of the abdomen; in patients of a bilious temperament.

Pulsatilla.—Bowels tending to be relaxed, heat in the lower part of abdomen; in patients of a mild temperament and sensitive disposition.

Accessories.—The child should have a warm or hot bath, followed by ample friction, especially along the spine; and only a sparing diet. Gum-water, barley-

water, or cold water may be freely taken. The catheter is seldom requisite, unless there be spinal or other *organic* disease.

CHAPTER VII.

DISEASES OF THE CUTANEOUS SYSTEM.

77.—Swelling of Infants' Breasts.

The breasts of infants usually contain at birth a secretion resembling milk. This, if uninterfered with, is soon absorbed, and the swellings subside. But many nurses will not leave nature to have her own way; they consider it necessary to effect a speedy removal of the fluid by squeezing the breasts. The consequence is that inflammation and suppuration are often produced.

Indications for Treatment.

Aconitum.—If the inflammation is high.

Arnica.—If the redness is but slight.

Belladonna.—If the redness assume an erysipelatous character.

Hepar S.—If suppuration has taken place.

The medicine chosen should be given every four hours.

78.—Strophulus—Red-gum—Tooth-rash.

Varieties.—Strophulus may be red or white. *Red Strophulus* begins as red blotches, slightly elevated in the centre; the redness soon fades, and the central elevations enlarge and form flattened pimples. They occur on the face, neck, arms, and may even extend over the whole

body. *White S.* consists of pearly-white, opaque pimples, smaller than the preceding—about the size of a pin's head, usually on the face and arms.

CAUSES.—Strophulus is evidence of *unsuitable diet*, and consequent digestive derangement. It is also most frequent in children who are kept too much in *hot rooms*, and excluded from fresh air.

INDICATIONS FOR TREATMENT.

Ant.-Crud.—Associated with Indigestion; white tongue, vomiting, etc.

Calc.-Carb.—With chronic acidity; delicate children.

Chamomilla.—This is generally the most efficacious remedy.

Puls.—Indigestion, tendency to Diarrhœa.

ACCESSORY MEANS.—The regulation of the diet; abundance of fresh air; clothing sufficient to protect the body from cold, and, at the same time, permit of the free access of air to the skin; and daily use of the cold or (at first) the tepid bath. Favourable hygienic conditions are necessary in every case, or medicine will prove inefficient. An argument in favour of these measures may be adduced from the fact that, since they have been more generally adopted, and children kept less artificially heated, and more freely exposed to fresh air, cases of Strophulus and of Nettle-rash have largely disappeared.

79.—Eczema—Scalled-head—Milk-crust.

DEFINITION.—Eczema is an inflammation of the skin, characterised by more or less superficial redness, and closely packed vesicles, not larger than a pin's head; these run together, burst, and exude a starch-like fluid,

which dries up and forms thin yellow crusts. The discharge has the property, when dried, of stiffening linen, which distinguishes Eczema from other skin diseases.—(*Dr. Tilbury Fox.*)

Eczema is one of the most common of skin affections, and lasts a varying time according to the constitution of the patient, the treatment adopted, and other conditions.

No traces remain after its disappearance.

Symptoms.—In very young children it commonly commences as an acute attack, which is prone to subside into a chronic form, and as such persist for a long time. The little patient is usually pale, thin, pasty-looking, feverish, and has an indifferent appetite. Locally, we have redness with vesicles or cracks, from which serous fluid copiously exudes, itching, heat, irritation, and crusts or scabs. Eczema generally appears on the scalp, behind the ears, on the face, the forearms, and the legs; it may also extend to the mucous surfaces. Indeed, Eczema affects all parts, but especially the scalp, ears, armpits, buttocks, and flexures of the joints. If the eruption be extensive, the constitutional symptoms—feverishness, wasting, etc.—will be more marked. In mild cases, when no vesicles are apparent, the disease may be recognised by the starchy nature of the discharge, and by the skin feeling thick when raised between the thumb and finger. It should not be forgotten that "in children pustular Eczema (Impetigo) is often excited by pediculi" (*Tilbury Fox*).

Varieties.—*Eczema simplex*, commonly termed "*heat-spots*," may arise from exposure to heat or cold, or from the use of bad soap, etc. The patient complains of heat, and the eruption appears on the face, neck, and other

exposed parts. *Eczema rubrum* often occurs on the inner side of joints, as the thigh, groin, wrists, etc. *Bright-red,* shining eruption, burning pain, and brownish scabs are the characteristic symptoms. *Eczema impetiginodes* occurs mostly on the head of weakly infants. The discharge is soon mixed with *pus,* which forms greenish-yellow, thick scabs. Any of the varieties may become chronic, and in infants the last two are often more or less blended. It frequently breaks out again when nearly cured, leaving the skin harsh, dry, red, and thickened. (See next Section.)

CAUSES.—Hereditary tendency; the sun's rays; heat; colds; stockings dyed with aniline; improper food; friction; irritation of clothes wet with urine; the local application of sugar, lime, coarse soap, soda, or Croton oil; poor health of the mother during lactation. When Eczema occurs in early infancy, the navel is generally its first site.

INDICATIONS FOR TREATMENT.

Ant.-Tart. — For *Eczema impetiginodes;* vesicles surrounded with red areola, especially about the nose, eyes, ears, neck, and shoulders.

Arsenicum.—Burning, corrosive discharge from skin. In chronic cases it is of the greatest use.

Calc.-Carb.—Thick scales, with pus underneath; stools chalky; nutrition defective.

Croton Tig.—Severe itching, with sickness, or painful Diarrhœa.

Mercur.-Sol.—Bright-red shining eruption, burning pain, brownish scabs, swollen glands.

Rhus Tox.—Much itching, worse at night. The most useful medicine for simple acute Eczema.

Sulphur.—When situated chiefly on the head or vulva; violent itching; during convalescence.

Accessories.—A lotion[1] of *Ant.-Tart.*, *Ars.*, or *Croton Tig.* may be used topically when the same remedy is being used internally. Ten grains of Trit. *Ant.-Tart.* 1x, ten drops of Tinct. *Arsen.* 2x, or twenty drops of Tinct. *Croton Tig.* 1x may be added to eight ounces of distilled water, and used once or twice a day, or twenty drops of *Ol. Croton Tig.* mixed with an ounce of Olive oil may be employed instead of the *Croton* lotion. When the head is affected, the hair should be cut short, the head well washed, using a little mild soap, and the scabs removed by the occasional application of *bran* or *mashed turnip* poultices. The Croton-and-oil, or one of the lotions mentioned above, should then be applied. When the irritation is excessive the following ointment will be of great utility:—Nitrate of Bismuth, grs. 30; Lard, one ounce: mix.

Great cleanliness is requisite. General baths and friction to promote the healthy action of the skin are of great service. The water used should be soft, hard water being irritating. Care should be taken not to spread the disease in washing. Vegetables, especially such as are eaten uncooked—lettuce, celery, water-cress, etc.—may be freely taken. *Cod-liver oil* is particularly recommended—half-a-teaspoonful or a teaspoonful twice daily after food.

80.—Impetigo (*Impetigo*).

Impetigo, a common disease of infants, is a severe, sometimes contagious, purulent inflammation of the skin, with heat, or itching, and has been described as *Pustular*

[1] I find a dry powder, such as starch, applied to the oozing surface the best application; and I am never in a hurry to remove it.—G. L.

Eczema by some writers. It is characterised by an eruption of small semicircular, flattened pustules, grouped in clusters, having a tendency to run together, forming irregularly-shaped, thick, moist, yellowish scabs or incrustations; and attacking the ear, nose, scalp, and face. The eruption and its yellow tenacious secretions sometimes cover the face or head like a mask, the discharge matting the hair together into a sour-smelling mass, beneath which the surface is red and tender. It is this form of the disease to which the term *Crusta lactea* (milk-crust—*Porrigo larvalis*) is most correctly applied. No scars are left after healing.

Causes.—Poor diet; strumous constitution, and irritations of the skin.

Treatment.—When the scabs become thick and hard they should be softened with fresh butter (not salted), and then removed by means of poultices of bran or linseed-meal; Carbolic-acid ointment should be kept smeared over the part for a week afterwards. See also the previous Section, on Ezcema, the disease and treatment being similar.

81.—Urticaria (*Nettle-rash*).

Definition.—An eruption of little solid elastic eminences, roundish or oblong, pale in the centre, and red at the circumference, attended with smarting and itching, as though the parts had been stung by nettles—hence the popular name.

Symptoms.—Towards evening, or when getting warm in bed, the patient feels an intolerable itching on the neck, arms, or body, and on scratching soon discovers large *wheals* (the eruption rapidly enlarging under the irritation of

scratching), which burn, tingle, or smart, and prove the source of great discomfort.

CAUSES.—The acute form, as seen in children, is generally due to Indigestion or eating particular articles of food, as bitter almonds, shell-fish, oatmeal, etc. It may also be induced by a chill, or changes in the weather.

INDICATIONS FOR TREATMENT.

Aconitum.—When caused by chill, or accompanied with fever symptoms.

Antimonium Crud. — When caused by shell-fish, or almonds.

Dulcamara.—Cases occurring in *damp* weather; much irritation.

Pulsatilla.—When caused by fat, pastry, or pork.

Rhus Tox. — Small spots resembling flea-bites, with purplish swelling and intense irritation, particularly on the joints. It may also be used locally, replacing the *Veratrum V.* of the prescription below by *Rhus* ℗. (See also "Indigestion," pp. 164-5.)

Veratrum Viride.—Intense pain and tingling. In the following preparation it may be used locally with great benefit:—

℞. *Ver.-Viride* ℗, gtts xx.
Aqua,
Spiritus, V. R. } ā ā ʒss.
M.

82.—Intertrigo (*Intertrigo*)—Chafing—Soreness of Infants.

DEFINITION.—Redness and chafing produced by the friction of two folds of skin, especially in fat children. It is seen in the groin, armpits, and neck. Sometimes a

fluid is exuded, the acridity of which increases the local mischief, and an offensive raw surface is soon produced.

Intertrigo differs from Eczema in its acute course, and in the character of the secretion, which is clear, and does not stiffen linen.

INDICATIONS FOR TREATMENT.

Calc.-Carb.—In scrofulous children.

Cham.—Very efficacious in infants.

Lycopodium.—In very obstinate cases.

Mercurius Sol.—Rawness and great soreness.

Sulphur.—In chronic cases; much itching.

ACCESSORIES.—The parts should be well washed with cold or tepid water, and carefully dried, two or three times a day; a piece of linen, saturated with *Calendula lotion* (a teaspoonful of the tincture to a tumbler of water), may be laid between the opposing surfaces; or, in bad cases, a lotion, composed of one part of *Tincture of Hydrastis* to five parts of *Glycerine* and five parts of water, may be applied in the same manner; dusting the chafed parts with a fine powder consisting of equal parts of *Lycopodium* and *Oxide of Zinc*, or of Fuller's earth, is also useful.

83.—Chilblains (*Pernio*) and Chaps.

DEFINITION.—A low kind of inflammation of the skin, attended with burning, tingling, itching, swelling, and sometimes ulceration. It commonly affects the backs of the hands and the feet.

CAUSES.—Chilblains generally occur in frosty weather from exposure to a low temperature, sudden changes, damp, warming the feet at the fire when cold or damp. The inflammation chiefly affects children of weak consti-

tution, and especially such as have a predisposition to skin diseases.

INDICATIONS FOR TREATMENT.

Agaricus.—Stinging pains in the swellings; also when ulcerated.

Arnica.—Hard, shining, painful, and itching swellings; in the early stage.

Arsenicum.—Severe burning pains; also when ulcerated.

Belladonna.—Bright-red swelling, pulsative pains.

Cantharis.—Intense itching and burning.

Pulsatilla.—Livid redness, itching and heating in the swelling, and worse towards evening.

Rhus Tox.—When the parts are much inflamed, or blistered.

ACCESSORIES.—All the remedies may be used externally as well as internally, in the form of lotion or cerate, except *Arnica*, which should never be used for *broken* chilblains. *Glycerine*, *Glycerine-of-starch*, or one part of *Glycerine* mixed with two parts of *Eau-de-Cologne*, is an excellent remedy for Chilblains, Chapped-hands, *fissures* or *cracks*. It removes the stinging, burning sensations, and makes the parts soft and supple. Ulcerated Chilblains may require a poultice, or other mild application, until relieved. The soreness of Chilblains and Chapped-hands may be removed or mitigated by applying soft linen rags squeezed out of cold water, and then covered with oiled-silk or a kid glove. The compress should be applied on going to bed; it equalises the temperature of the part, improves the nutrition of the skin, and diminishes the tendency to recurrence.

Extremes of temperature are to be avoided, especially cold stone floors, suddenly approaching the fire after

coming in from the cold, warming the feet on the fender, or the hands close to the fire.

As Chilblains generally occur in children whose circulation is defective, plenty of exercise in the open-air, the free use of the skipping-rope, and wholesome nutritious diet, are necessary to prevent their recurrence. Pork, veal, salted meats, and irritating, indigestible kinds of food, are inadmissible.

84.—Parasitic Diseases of the Skin

(*Morbi cutis Parasitici*).

Parasitic diseases affecting the exterior of the body are of several varieties; *Dermatozie*, or those produced by animal parasites; and the *Dermatophsie*, or those from vegetable parasites. Having found a suitable soil, they grow more or less rapidly, and produce certain symptoms.

Tinea is the generic name of all diseases characterised by vegetable growths on or in the hair. Those most commonly found among children are the following:—

1. Tinea Tonsurans.—This affection, known as the common *scurfy ringworm*, occurs most frequently in strumous children. Being contagious it is not necessarily associated with deranged general health. It occurs mostly between the second and twelfth years, as irregularly circular patches, varying in size from that of a sixpence to that of a penny-piece, the hairs of which look withered, dry, thickened, and as if cut off at short distance from the roots. The skin is red or scaly.

2. Tinea Favosa.—Commonly occurs when the child is about seven years of age, and appears as an eruption of sulphur-yellow, cup-shaped crusts, the central point of each being a hair. These may run together, giving rise

to a honeycomb appearance; hence the popular name, *honeycomb ringworm.* It is contagious, but occurs more frequently in Scotland and on the Continent than in England.

3. TINEA DECALVANS.—This disease is more frequent in young girls than boys, and consists of *patches of baldness*, smooth, pale, and circular, one or several inches in diameter.

4. TINEA VERSICOLOR.—This commences as small reddish points, with irritation and itching increased by warmth, and followed by irregular, fawn-coloured patches, dry, rough, scaly at the edge, and slightly elevated, and from which scurf can be detached by rubbing. The patches vary in size from half an inch to three or four inches in diameter, and occur mostly where the body is in *contact with flannel*, particularly on the chest, neck, and abdomen. Like the preceding, it is contagious, and its spread is favoured by uncleanly habits. It is also called *Pityriasis versicolor, Chloasma, variegated dandriff, and liver-spots.*

5. SCABIES. — ITCH. — This disease is caused by the presence of a minute animal parasite, the *Sarcoptes hominis*, which burrows under the skin, and gives rise to an eruption and an intolerable itching. The eruption is vesicular, presenting numerous small watery conical pimples, and appears most frequently between the fingers, and on the bend of the arms in children, or on the thighs and buttocks and lower part of the abdomen in infants, by whom it is occasionally contracted from uncleanly servants or nurses. The irritation increases at night and in bed.

6. PHTHIRIASIS.—LOUSINESS.—Three species of louse

are found on the human body, namely, *Pediculis capitis*, *P. corporis*, and *P. pubis*. They run about and bite the skin, producing intolerable itching, and occasionally pustular eruptions; their eggs are called *nits*.

TREATMENT.—It is obvious that in the above diseases external applications are the chief measures to be employed in treatment. Sulphur is the great enemy to parasitic life, and its local application is the most effective means for destroying parasites. In the first *four* diseases, cleanliness, friction, and a lotion of *Sulphurous acid* will generally cure. An alkaline solution of *sulphur* will eradicate both vegetable and animal parasites, and may be prepared as follows:—

℞ Common soda, half-ounce.
Flowers of sulphur, half-ounce.
Water, half-pint.

Simmer for half an hour. After well washing with soap, apply the clear liquid to the diseased part, and allow it to dry on. A thin layer of *sulphur* is deposited, which may remain for twelve hours, and then be washed off with a little vinegar and water. In very young children, water may be added to the lotion before use.

In children several years of age the free application of *Sulphur ointment* rapidly destroys the *itch-insect* and its *ova*. After thoroughly rubbing the whole body with soft-soap and warm water, then washing in a hot-bath, or with hot water, and wiping thoroughly dry, the superficial and effete cuticle is removed, and the burrows and parasites freely exposed; the ointment should then be well rubbed in and allowed to remain on the body all night. On the following morning a tepid bath, using yellow soap, to wash off the ointment left on overnight, completes the

cure. If the application of the ointment and the ablutions be not thorough, the process should be repeated once or twice. But *Sulphur ointment* must not be continued too long, or it will produce an irritable state of the skin, which may be mistaken for a persistence of the disease. All contaminated linen should be boiled in water; other garments should be well ironed with a hot iron, or exposed to hot air at a temperature of not less than 150° or 180° Fahr., or well fumigated with the vapour of *Sulphur*, to destroy any insects or ova concealed in the textures of the linen. The cure is often retarded, and the disease conveyed to others, by neglecting to carry out these suggestions thoroughly.

Sep., *Calc.-Carb.*, and *Sulph.* are sometimes useful, administered internally; *Sepia* in Ringworm, *Sulphur* in *Scabies*, and *Calcarea* in general unhealthy states of the skin, and for the debility which favours these diseases.

85.—Tinea Capitis—Ringworm.[1]

Definition.—Among the most troublesome skin disorders to which children are subject is a species of *Tinea*, which generally appears in the head, but is also found on the neck, arms, and other parts of the body. It is highly contagious, and when it breaks out in a school is often very difficult to deal with. It occurs in oval or circular patches, which gradually extend in size from half-an-inch to several inches in diameter, each patch being slightly elevated and scurfy. It occasions considerable irritation, and leads the child to scratch away the spores, which thus become disseminated over the head, and distributed

[1] See *Homœopathic World*, vol. vii., pp. 63-4.

through the air to other persons. The whole scalp may soon become implicated, and a considerable number of children speedily contaminated. The general health is not much disturbed; but it seems to find its most appropriate *nidus* in children who are underfed, ill-nourished, ill-kept, and neglected. It is, however, sometimes met with in children who are well cared for in every respect.

Cause and Mode of Propagation.—The disease is due to the presence of a microscopic fungus which attacks the roots of the hair, and produces a characteristic appearance and condition. The spores are disseminated by the atmosphere, in which they float with the dust, by contact of the diseased with the healthy, and by the use in common of towels, brushes, combs, sponges, etc.

Symptoms.—When the disease exists on the head, the hair is dull, discoloured, dry, shrivelled, and brittle. But it is most easily detected by the presence of short *broken-off hairs which appear as if they had been nibbled close to the scalp*. In fact, these patches of stubble are the readiest sign by which to determine when the disease is cured. If the hair is growing naturally, and free from scurf where the disease existed, it may be presumed that there is no further danger of contagion; but so long as there are the short broken-off hairs, there is room for doubt about the cure. Where the disease exists on the *body*, it has the appearance of red scurfy circular patches. A close inspection will discover that what hair there is looks dry and shrivelled. No special *constitutional* symptoms are developed.

Treatment.—*Sepia*, it is said, will, if given early, often arrest the progress of the disease. *Calc.-Carb.* and *Sulph.* tend to produce a healthy condition of the skin.

But its cure is best effected by the topical application of a powerful anti-parasitic (such as one part of *Carbolic* or *Acetic Acid*, mixed with double its bulk of water) by means of a camel's-hair pencil. The lotion should be allowed to act for about half-a-minute or longer, according to the effect produced upon the skin; it should then be thoroughly washed off with tepid water, and afterwards a wet compress applied for two or three hours to allay irritation. *Oleate of Mercury* (one part dissolved in ten of olive-oil) is a less irritating and equally efficacious application. A few drops may be painted over, or gently rubbed into the part. One such application is usually sufficient. When the patch is large, or there are several patches, it may be advisable to operate upon a part of the diseased surface at a time, the parts left untouched being meanwhile kept moist by a diluted lotion (one volume of the above to ten volumes of Glycerine) in order to prevent the dispersion of their contagious spores. Where the disease is on the scalp, the hair should be cut close to the skin for a short distance beyond the margins of the patches before using the anti-parasitic application.

Accessories.—Strict cleanliness of person; friction; an occasional tepid bath; if the skin become irritable it may be occasionally washed in bran-water (a handful of bran boiled in a quart of water); generous diet; for the impoverished, *cod-liver oil;* change of air.

To prevent contagion, the affected child should be kept apart from all others; his towels, brushes, etc., should on no account be used by any one else, and they should be thoroughly disinfected; some disinfectant should also be freely used in his room.

86.—Stings and Bites of Insects.

INTERNAL TREATMENT.

Aconitum.—Swelling, inflammation, fever.

Arnica.—After the subsidence of fever if there remain tenderness and smarting.

Ledum Palustre.—Said to be of great efficacy in the mosquito bites.[1]

Rhus Tox.—Has often been used with good effect.

ACCESSORIES.—The remedy given internally may be employed as a lotion externally at the same time. If the sting of the insect be left in the wound it should be extracted as soon as possible.

CHAPTER VIII.

MISCELLANEOUS AFFECTIONS.

87.—Cyanosis—Blue Disease.

DEFINITION.—A peculiar livid blue or purple condition of the skin due to malformation of the heart.

SYMPTOMS.—The livid colour of the skin and nails, and the purple colour of the lips and cheeks, are quite characteristic. Children suffering from this disease are ill-nourished and frequently rickety. They are easily tired, liable to palpitation, and to pant on slight exertion; the temperature is also below the healthy standard.

CAUSES.—As found in children, it is frequently due to

[1] I was in the West Indies, for a short time, in 1873, when I was fearfully tormented by mosquitoes. I found diluted Acetic Acid the most effective agent in relieving the sufferings they gave rise to.—G. L.

malformation of the heart—as non-closure of the *foramen ovale*, deficient ventricular septem, etc.—which cause imperfect aeration of the blood, the venous blood being passed forward with the arterial current. It may, however, appear as a symptom of Croup or Cholera when the flow of blood through the lungs is obstructed; or of partial obstruction of the pulmonary artery with systematic venous engorgement.

Treatment.—When Cyanosis is present at birth, and continues for several months, it is probably due to malformation, and consequently can only be palliated. All that can then be done is to place the child in the midst of good hygienic surroundings; to clothe it well; and to favour nutrition by providing good food, easy to be digested—as fowls, game, etc.

When curable, *Digitalis* (want of vitality), *Belladonna* (congestion), *Arsenicum* (collapse), or *Veratrum Album* (cold hands and feet), will be the most suitable remedies.

88.—Crying.

Significance of Crying.—The crying of an infant is expressive, and varies much in character. "In cerebral affections it is sharp, short, and sudden. In lesions of the abdomen, exciting pain, it is prolonged. In inherited Syphilis, it is high-pitched and hoarse. In inflammatory diseases of the larynx, it is hoarse, and may be whispering. In inflammatory diseases of the chest, and in severe Rickets, the child is usually quiet and unwilling to cry, on account of the action interfering with the respiratory functions."—(*Dr Eustace Smith.*)

Causes.—In many instances, infantile crying and fret-

fulness depend upon some mechanical cause—tight, or creased clothing, wet napkins, the prick or scratch of a pin, improper or excessive feeding, etc. Crying is also the language by which its wants are expressed; but it is a mistake to suppose that the child should be presented to the breast, or that it is hungry, merely because it cries. The time that has elapsed since the previous nursing will determine the necessity or otherwise for feeding the child. Crying is, however, often due to *Colic*, wind, or other symptoms of Indigestion in hand-fed children, or in infants suckled by unsuitable wet-nurses. For a proper investigation of the cause of crying, the infant should be fully undressed in a room of a comfortable temperature. By this method the form and movements of the chest and abdomen; the state of the skin, whether hot or cool, moist or dry; the presence or absence of any eruption, and any other peculiarity present, may then be easily detected.

INDICATIONS FOR TREATMENT.

Aconitum.—Hot, dry skin; full pulse; restlessness.

Belladonna.—Crying without apparent cause; heat of the head; sparkling eyes; flushed cheeks; startings during sleep; Constipation.

Bryonia.—Constipation.

Camphor.—When *Cham.* proves insufficient, and the child seems in great pain. (Dose: One or two drops upon a little loaf sugar; after crushing it well, a small portion of the powder may be placed on the tongue.)

Chamomilla.—Constant crying, with *drawing up of the legs;* pain in, or distention of, the abdomen; looseness of the bowels.

Coffea.—Nervousness, restlessness and tossings about; sleeplessness.

Accessories.—Hot flannel applied to the abdomen, or rubbing with the warmed hand; placing the child on the knee with the stomach downwards, and patting the back gently, will often prove soothing. A warm bath, as described on page 22, is sometimes very beneficial.

89.—Morbus Coxæ (*Morbus Coxæ*)—Scrofulous Disease of the Hip-joint.

Definition.—Chronic or Strumous inflammation, sometimes originating in the synovial membrane or ligaments, and sometimes in the articulating surfaces of the bones, commonly met with in children, and before the disease assumes an active form, often attributed to "growing-pains."

Symptoms.—The first distinctive symptoms are—slight limping-pain in walking, with disinclination to allow the entire weight of the body to rest on the affected limb. At this stage, the pain is *chiefly referred to the knee.* There may be even slight swelling in the knee-joint, so as to lead to error regarding the real nature of the disease. This is probably due to pressure on, or irritation of, the branch of the obturator nerve distributed to the capsular ligament, and *ligamentum teres*, referred to the terminal cutaneous branches of the same nerve. The real seat of the pain may be proved by pressing either the front or back of the hip-joint, or by jerking the thigh-bone against the joint, as by a sharp tap on the heel, when pain will be felt in the hip. On close observation, the limb will probably be found slightly flexed, and there may be feverishness and restlessness in the evening, and perhaps slight twitching of the thigh in the night. As the disease progresses, the lameness becomes very decided, and the

nates of the affected side waste and become flabby; the limb is shortened, either by caries of the neck of the femur, or by ulceration and destruction of the ligaments of the joint, and consequent dislocation of the joint upwards on the *dorsum ilii*. This is termed *spontaneous dislocation*. There is increased fulness about the limb, the pains increase in severity, especially at night, and there are often violent startings of the limb during sleep. Abscesses form, and afterwards burst on the nates or groin, or burrow deeply and discharge their contents into the rectum. *Wasting of the nates* of the affected side is one of the earliest symptoms of disease of the hip.

The *duration* of the disease varies from two to three months to several years. But it is much modified, both as to duration and results, by skilful treatment.

INDICATIONS FOR TREATMENT.

Aconitum.—If recognised in its early stage, a few doses of *Acon.* may be of service; the presence of fever further indicates this medicine.

Belladonna.—In the early stage when the patient suffers great pain.

Calcarea Carb.—At the commencement of the second stage, when suppuration is threatening.

Colocynth.—Useful when there is much neuralgic pain attending the disease.

Mercurius Cor.—When the patient has a sallow complexion; syphilitic taint.

Silicea.—When ulceration has taken place in the bones.

Sulphur.—As an intercurrent remedy in protracted cases.

ADDITIONAL REMEDIES. – *Ars., Cantharis, China, Graph., Hep.-S., Nit.-Ac., Phosph., Puls., Rhus Tox., Staph.*

Accessory Means.—Rest, with the limb kept straight, and absence of articular pressure: the latter is probably the more important element; surgical appliances are necessary to insure it. The diet should be nourishing and include *Cod-liver oil.* Pure air, especially change to the seaside, will expedite the cure. When abscesses discharge, they should be kept free from fœtor by means of *Carbolic-oil.*

90.—Spina Bifida (*Cleft Spine*).

Definition.—A congenital hernia of the membranes of the spine through a rent in the walls of the spinal canal, the rent sometimes enclosing nervous substance.

Symptoms.—Locally, there is a tumour on the back, near the spinal column, either covered by natural-looking, or by attenuated skin, in which case the tumour is semi-transparent, and resembles Hydrocele; or the true skin may be altogether wanting, when the tumour is bluish, and moist with the oozing of serum. On examination the hole in the spinal canal can readily be felt, and the contents of the sac can be pushed back to some extent, but the proceeding frequently increases the size of the head or elevates the fontanelles. Palsy of the limbs, or of the sphincters (with retention of urine, and involuntary evacuations), and Convulsions, are not infrequent.

Causes and Prognosis.—It appears to be caused either by pre-natal dropsy of the spinal membranes, or by arrest of bone formation. When the tumour is small and does not enlarge, or when it is attached by a long thin pedicle, a cure may probably be effected; even in cases in which the tumour has a broad base, and enlarges rapidly, or ulcerates, a cure may occasionally be effected; but the natural tendency of Spina Bifida is towards death.

TREATMENT.—When the child is otherwise in good health, and the tumour does not threaten to ulcerate, it should be supported by a well-padded concave shield, of such dimensions as to exert slight pressure on the contents of the tumour. When the tumour is pedunculated, a soft bandage round the body and tumour, to support the latter, is all that is necessary. When convulsions or ulcerations are present, professional assistance is imperative. When there is only a slight connection between the tumour and the spinal canal, removal of the tumour may promise well; removal of fluid by the trocar, or pneumatic aspirator; and the subsequent injection of *Apis Mel.*, or *Iodine*, are other resources of the surgeon's art.

REMEDIES.—*Calc.-Carb.* or *Calc.-Phos.* favours the formation of bone. The bones occasionally appear to grow and obliterate the connection between the spinal canal and the tumour, when a cure generally results. To this end *Calc.* is of great assistance.

Apis.—The internal and external use of this remedy tends to remove the contents of the tumour by promoting absorption.

91.—Lateral Curvature of the Spine (*Curvatura Extransversa*)—Skoliosis (Gr., σκολιός, crooked).

DEFINITION.—The spine is curved sideways, usually to the left,[1] and also somewhat contorted by twisting of the vertebræ on their long axis, at each bend, from accidental disturbing causes, and not from any abnormal constitutional condition, as in *angular curvature.*

AGE OF PATIENTS.—Lateral Curvature generally com-

[1] In a large majority of cases, probably nine out of ten, the direction of the curvature in the lumbar region is towards the left side, the concavity looking towards the right, and the one in the dorsal region has, consequently, its concavity towards the left side of the body.

mences from about the tenth to the fourteenth year or upwards, when the spine has nearly reached its full length. The deformity makes the most rapid progress in the youngest subjects, for when the vertebræ lose their spongy texture and become more compact, they yield less readily to the irregular forces which severally act upon them. By about the seventeenth year, when the skeleton has nearly attained maturity, curvatures have generally reached their maximum degree; they are then both unlikely to get much worse, and indisposed to yield to treatment.

Sex and Social Status.—The distortion is almost peculiar to girls, and to patients of the well-to-do class; and the reasons may be easily understood. To maintain in healthy vigour the muscular appendages of the spine, proper exercises, regular and varied, are necessary. But in the case of females of the wealthy class such exercises are much neglected as puberty approaches. Previously they mix with and join in the games of the opposite sex; but now they tend to become reserved, and begin to give evidence of their feminine character.

In their education, too, nearly the whole of their energies are demanded for mere accomplishments and learning; while the health and bodily development receive but an inconsiderable share of attention. Sitting at lessons and the piano for many hours, without the relaxation of free open-air exercises, naturally causes exhaustion, which tempts them to stoop or lean on one side or the other, and thus to an extent relieve the muscles of the spine of the task which belongs to them exclusively. But when such patients stoop or bend excessively, not only are all the ligaments of the spine—elastic and others—brought into a state of tension, but the various tendinous expansions, layers of fasciæ and inter-muscular septa, connected with

the muscles of the back, are extended and act as ligaments in upholding the body.

The result of indulging in these lounging habits is, that the ligaments and allied parts become overstretched and unqualified to knit the bones together. It is as if the shrouds of the mast of a ship had been slackened and required bracing, and owing to the loosened and relaxed condition, the muscles are overtasked to keep the column erect (*Shaw*).

The faulty habits in question occur more frequently in girls than in boys, partly because their constrained habits call into requisition artifices of this nature, and partly because their mode of dress conceals such malpostures as would be seen in boys and condemned by their superiors.

Formerly, Lateral Curvature was considered a symptom or consequence of the softening of the bones peculiar to Rickets; but this was an error, as the following tabular arrangement will show:—

DIFFERENCES BETWEEN LATERAL CURVATURE AND RICKETS.

LATERAL CURVATURE.	RICKETS.
1. Begins from *ten to fourteen* or *fifteen* years of age.	1. Is a disease of *early childhood*.
2. *Females* are generally the subjects.	2. *Males and females* are equally affected.
3. Is most common in the *rich*.	3 Is most common in the *poor*.
4. Is the result of *accidental causes*, and the health may be unaffected.	4. Is a *constitutional disease* from mal-nutrition, involving more or less all the structures of the body.
5. *The spine* is the only part primarily curved, the ribs and scapulæ being distorted only as a consequence.	5. *All the bones* of the skeleton are incurvated, or give evidence of a generally-prevailing disorder, and the lower extremities are distorted rather than the spine.
6. The *intervertebral substance* is chiefly involved, and all parts of the skeleton attain their normal development, the trunk only being somewhat shorter and broader.	6. An adult is *diminutive throughout*; the stature is short, the head is large, the trunk is also large, but the hips are narrow and the legs short.

CAUSES.—PREDISPOSING.—To render the subject intelligible, a reference to the anatomical arrangements of the spine seems necessary. The elasticity and flexibility of the spine is provided for by a layer of fibro-cartilage interposed between each of the twenty-four vertebral bones, and acting like so many buffers or cushions. This intervertebral substance is not of uniform thickness, being thicker in the cervical and lumbar regions in front, and in the dorsal region behind; and it is this difference in their depth, more than in the bodies of the vertebræ, which produces the characteristic curves of the spine. The arrangement permits of a limited inclination in every direction, and a slight degree of rotation, so that the movements of one vertebra upon another have been compared to those of a ball-and-socket joint. Now these twenty-four discs of cartilage are compressible to such an extent that an adult loses about half-an-inch of his height after having been in the erect posture all day, and does not regain it till after he has been lying at rest for several hours. Their united thickness is about 3·875 inches; so that nearly one-eighth is lost by the day's compression. If then the weight of the body falls day after day unequally on the spinal column, it must be evident that the cartilage will become compressed on one side more than on the other, and if long continued, this compression may become permanent.

Further, the vertebral bones themselves, in growing persons, are porous and spongy, and will yield somewhat to unequal pressure. Moreover, the borders of the articulating surfaces consist of cartilage, and the muscles and ligaments, which are numerous and act in many directions, are weak and immature, and a habit, therefore, of leaning

on one side may render a curvature permanent. The latter causes, however, are but inconsiderable, lateral deformity depending more generally upon the density of the layers of fibro-cartilage. From *post-mortem* examinations of one hundred and thirty-four persons whose spines were crooked, it was found that in two-thirds the bones were perfectly normal, and that the most frequent cause of curvature existed in the intervertebral substances. On the concave side of the curve these substances were almost obliterated, and on the convex side preternaturally thick. At the same time, the muscles on the convex side were lengthened, and degenerate in structure.[1]

Producing Causes.—It is probable that the lumbar curve is first produced, this part of the spine being most flexible, and having a most unstable support—the pelvis. There is a particular posture into which persons are disposed to place themselves to obtain relief when fatigued, and in which the spine is bent laterally at the loins—that is, *standing at ease* on the right leg, with the knee of the left a little bent. This posture, which is a common one with persons who stand much, causes a large sweeping curve from the dorsal region to the sacrum, and if the habit is frequently indulged in by a growing person, the curve is likely to become a permanent one. Other causes may be occupations and games which tax one side of the body more than the other, or which require the raising of one shoulder-blade and arm, crossing the legs, sitting on one side, leaning on one hip, or bad postures while sewing, writing, drawing, reading, playing the piano, carrying a child on one arm, and the exercise of many kinds of handiwork. Even bad postures in lying, sitting, and standing

[1] See Hildebrant's "Anatomie."

are liable to cause lateral curvature. All these causes are much more likely to produce deformity when combined with insufficient unrestrained open-air exercise. One leg being shorter than the other, walking with an artificial leg, Hip-joint disease, Rickets, paralytic and rheumatic affections involving the lower extremities, may also cause distortion.

Symptoms.—The most obvious one is the presence of a double curvature, something like the italic letter *f*: the one is *primary*, and caused by bad postures; the other is a *compensatory* curve in the opposite direction, to restore the equilibrium disturbed by the primary curvature. The waist is short and broad, and there is diminished length and increased breadth of the trunk generally, with disproportionate length of the extremities. If the patient places herself in a lounging posture, the clumsiness of the waist will be aggravated; but by requesting her to make a vigorous effort to raise her body upright, the length of the waist will be perceptibly increased. In slight cases, the deformity in the waist and loins may be best detected by requesting the patient to bend, as in making a bow, when the deformity at once comes into view. One of the shoulder-blades, or one side of the bosom, projects, and the right shoulder and right side of the chest are preternaturally high and rounded, while the opposite are depressed and concave. In like manner, while one hip projects the opposite is curved inwards.

Treatment.—This must be regulated by the nature, extent, and cause of the deformity. If treatment is neglected, curvatures, however slight, will certainly get worse; for the extreme flexibility of the spine in youth, while it offers a favourable condition for cure, equally

tends to an aggravation of the deformity if treatment is neglected. Further, as rigidity of the column increases with years, so the prospect of improvement correspondingly diminishes; at the same time, and for the same reason, curvatures of long standing in persons of mature growth are less likely to grow worse.

1. CALISTHENICS.—A suitable course of Calisthenic exercises in the open-air, or in a well-ventilated room, must be intelligently adopted, and graduated to the strength of the patient; they should be contrived so as to bring the left arm and leg into play, and be made pleasant rather than irksome. This is an important part of the treatment. The exercises must be persisted in for a considerable time, as the desired improvement can only be gradually brought about. Sufficiently frequent changes of posture, whether in standing or sitting, are absolutely necessary for patients whose structures are immature and fragile. Patients need regular supervision to correct the various faulty postures which we have previously enumerated. Reclining in the supine posture on a *slanting board*, with projecting supports for the armpits, interrupted at proper intervals by active out-of-door exercises, seems to offer in many cases an excellent method of correcting the deformity, and at the same time of providing for the healthy development of the growing frame.

The *Inclined Seat* is another contrivance of great value in many cases, if used with intelligence and care. The slope inclines from left to right—*i.e.*, from the convex to the concave side of the lumbar curve. The degree of obliquity of the seat must be regulated by the nature and extent of the deformity; if it is too great, or used for more than a short period each day, it may cause great fatigue,

or even injury to the muscles, necessitating the discontinuance of the treatment till the damage thus induced has been repaired.

"MECHANICAL SUPPORT," as it is termed, is scarcely ever necessary, and is, in some cases, productive of the worst results. Machines are constructed something like stays, having a steel band passing round the hips and abdomen, steel rods, with crutch-handles on each side, etc. These require screwing up or adjusting once or twice a week by a specialist, are most objectionable instruments, and (according to our observations) intensify the evils from which the patient suffers. To fix a portion of the body which nature intended to be most mobile, immovably in one of these machines, not only interferes with the respiratory movements, but weakens, and subsequently destroys, muscular power—that power on which we rely for maintaining the erect posture when treatment is suspended. In incipient curvatures, from the age of ten to fourteen or fifteen, when the flexible and yielding body is continually varying its size and shape, metallic instruments, which retain one unchangeable form, are most pernicious. Later in life, the vertebræ and ribs become more fixed and solid, and a better fulcrum can be obtained at the pelvis for the contrivances which are intended to strengthen and support the column. Unfortunately, however, by the time these instruments could be applied with less injury to the structures, the curvatures have become too rigid for them to be of any avail.[1]

We have repeatedly advised the removal of these machines, and adopted rational measures and treatment,

[1] I have seen the greatest benefits result from the use of well-constructed instruments.

to the great relief of patients, and their subsequent early recovery.

2. Remedies.—In many cases constitutional treatment is necessary to correct or prevent the consequences of the faulty habits which have led to the deformity. One or other of the following remedies is most likely to be required:—*Calc.-Phos.*, *Calc.-Carb.*, *Phos.-Ac.*, *Puls.*, *Nux Vom.*, *Sulph.*, *Silic.*, *Arn.*, *Rhus*, etc. *Arnica* or *Rhus* may also be used in the form of a *lotion* or *liniment*, to be rubbed into the overstretched and weakened muscles and tendons.

Combined with the medicines, the best hygienic conditions should be adopted. Good diet, including, if necessary, Cod-liver oil; pure air, if possible sea or mountain air; bathing the whole body, and especially the back, with cold (at first tepid) salt-water, followed by vigorous friction and shampooing, especially directed to the spine, to strengthen its muscles and ligaments; a mattress instead of a feather bed to sleep on; early hours for rising and retiring; warm, easy, and light clothing, especially avoiding stays, tight-fitting boots, garters, etc.

GLOSSARY.

ABSCESS. A gathering, a collection of pus.
Agglutination. Adhesion of two surfaces.
Alæ Nasi. The cartilaginous sides of the nose.
Anæmia. Impoverished state of the blood.
Anus. The orifice of the large bowel.
Arachnoid. The smooth cobweb-like investment of the brain.
Areolar Tissue. The tissue which connects the various component parts of the body.
Asthenic. Want of strength.
Atrophy. Wasting.

CACHEXIA. A bad habit of body.
Caries. Ulceration of bone or teeth.
Cartilage. Gristle.
Caseine. The Nitrogenised principle of milk.
Cell-proliferation. Cell-bearing.
Cellular tissue. Same as Areolar Tissue.
Cerebral. Relating to the brain.
Chloasma. Liver spots.
Chyle. The milk-like fluid absorbed by the lacteal vessels; digested food.
Cicatrices. Scars.
Coma. Torpor; lethargic sleep.
Congenital. From birth.
Congestion. Undue fulness of the blood-vessels in an organ.
Conjunctiva. The lining membrane of the eyelids and the front part of the globes of the eye.
Convalescence. The state of recovery.
Cutaneous. Belonging to the skin.
Cuticle. The external layer of skin.

DEFLUCTION. Discharge of excessive secretions.
Depurating. Cleansing from impurities.
Desquamation. Scaling of the skin.
Diagnosis. The distinction of diseases.
Diathesis. Constitutional predisposition to disease.
Dorsum Ilii. The back of the hip bone.
Dyspnœa. Difficult breathing.

EFFLORESCENCE. The pulverescence of crystals by the removal of their moisture on exposure to the air.
Effluvia. Exhalation from putrefying substances.
Effusion. The pouring out of fluid.
Emaciation. Wasting.
Emphysema. Infiltration of air into areolar tissue of the lungs, or the dilation of their air-cells.
Ephemeral. Of short duration.
Epithelial Scales. The superficial scales of mucous membrane.
Epithelium. The superficial layer of mucous membrane.
Erosion. Destruction by ulceration.
Eustachian Tubes. The canal connecting the ear with the throat.
Exanthemata. Eruptive fevers.
Excoriation. Abrasion of the skin.

FEBRICULA. Simple fever.
Femur. The thigh bone.
Fibro-cartilage. A substance intermediate between cartilage and ligament, which constitutes the base of the ears, the rings of the windpipe, etc.
Fluctuation. The undulations of fluid in a cavity.
Fontanelles. The cartilaginous spaces in the head of an infant at the juncture of the bones.

GANGRENE. Mortification.
Gastric. Pertaining to the stomach.
Gonorrhœa. A contagious discharge from the urinary organs.

HÆMORRHAGE. Loss of blood.
Heartburn. A hot sensation in pit of stomach.
Homogeneous. Consisting of similar elements.
Hygienic. Relating to the preservation of health.

ILEUM. The lower three-fifths of the small bowels.
Incubation. The time between the reception of a poison and the occurrence of its action.
Innervation. The functions of the nervous system.
Insomnia. Restlessness in sleep.

LACHRYMATION. A profuse secretion of tears.
Lactation. The process of secreting and supplying milk, of nursing, or suckling.

Larynx. The upper part of the air passage.
Leptothrix Buccalis. A parasitic plant.
Leucorrhœa. Whites.
Ligamentum teres. The round ligament connecting the thigh and hip bones.
Lymph. The fluid in the lymphatic vessels.

MAMMÆ. Breasts.
Meatus. The ear canal.
Membrana Tympani. The drum of the ear.
Mesenteric Glands. The lymphatic glands of the small intestine.
Metastasis. The removing from one part to another.
Miasm. Contagious effluvia.
Molars. The double or grinding teeth.
Mucous Membrane. The lining membrane of the digestive organs.

NATES. The buttocks.
Nidus. A nest.

ŒDEMA. Local dropsy of cellular tissue.
Orbicularis Palpebrarum. A small muscle which closes and protects the eye.

PAROTIDES Mumps.
Pathological. Characteristic of disease.
Pericarditis. Inflammation of the sac which surrounds the heart.
Peritonitis. Inflammation of the lining of the abdominal cavity.
Pertussis. Hooping-cough.
Ptyalism. Salivation; increased flow of saliva.
Phymosis. Swelling of the foreskin.
Pneumo-gastric Nerve. The eighth pair of nerves, distributed to the lungs and stomach.
Prophylactic. Preventive.
Purulent. Of the character of pus.
Psychical. Relating to the mental and moral faculties.

RALES. A whistling, cooing, or rattle in the chest.
Rectum. Terminal part of the bowel.
Regimen. Rule of diet.
Resolution. The subsidence of inflammation without suppuration, etc.; the dispersion of swellings.
Rima Glottidis. The aperture of the windpipe.

SALIVATION. See Ptyalism.
Secretion. Fluid separated from the blood.
Sensorium. The centre of perception in the brain.
Sequelæ. Secondary diseases following another.
Serum. The watery portion of the blood.
Sloughing. The mortifying or dying of the tissues.
Sporules or Spores. The reproductive parts of seed.
Sputa. The spittle, or expectoration.
Stamina. Inherent force or vitality.
Stasis. Standing, stagnation.
Struma. Scrofula.
Styptic. An astringent.
Suppuration. Formation of pus.
Sutures. The junction of the bones of the skull.
Syncope. Fainting.
Syphilis. A venereal poison.

TENESMUS. Straining of the bowels after a motion.
Trachea. The lower part of the windpipe.
Tubercle. The early deposit in the organs of scrofulous and consumptive persons.
Tuberculosis. The morbid state that gives rise to tubercles.
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