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HOME MEDICINE

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DR. W. J. MACKENZIE

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# HOME MEDICINE AND SURGERY:

A DICTIONARY OF DISEASES AND ACCIDENTS,  
AND THEIR  
TREATMENT WHEN THE SERVICES OF A DOCTOR  
ARE NOT OBTAINABLE.

With Illustrative Diagrams,  
SHOWING HOW TO APPLY SURGICAL BANDAGES, SPLINTS, &c.

BY

W. J. MACKENZIE, M.D.,

*Medical Officer for Lower Holloway; Medical Referee for North London of the  
Scottish Provincial Assurance Company; late Lecturer to the  
St. John's Ambulance Association; Author of "The  
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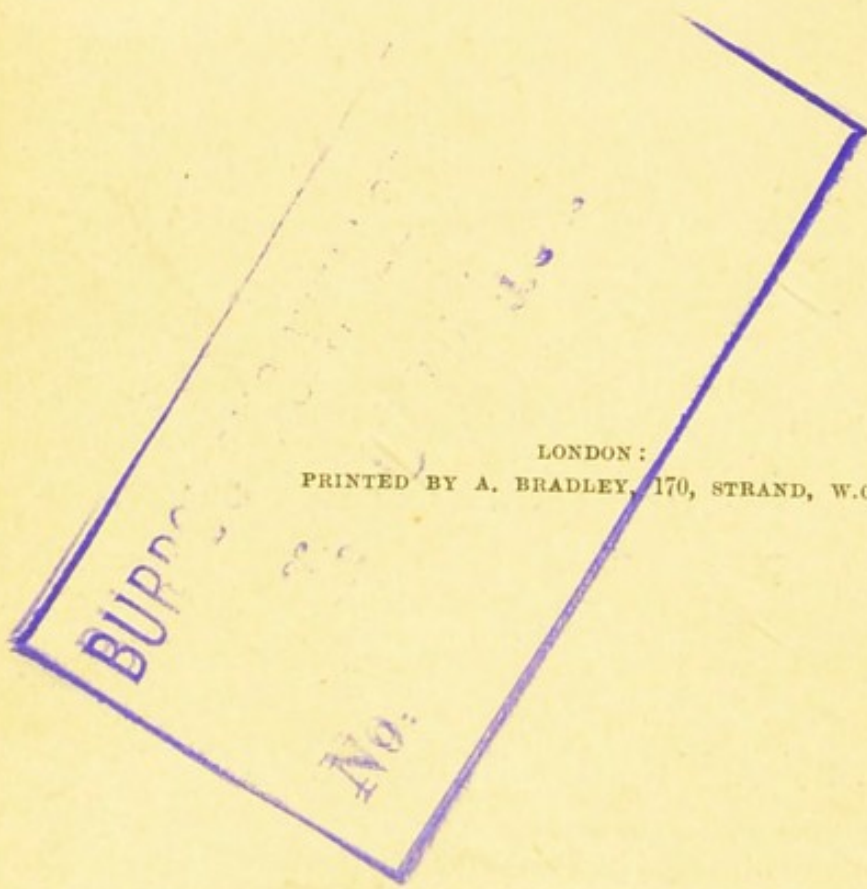
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PREFACE.

IN October, 1889, a doctor told us the following tale. In the course of a walking-tour in the remote Highlands of Scotland he called at a wayside cottage for a drink of water. The girl who served him looked so ill that he remarked on her appearance, and elicited the information that she was suffering from typhoid fever. Needless to say, he refused the draught. In reply to further questions, it seemed that she lived in such an out-of-the-way place that she could only be seen by her doctor once a week.

The moral of such a story those who run may read. It seems to us a complete justification of a book like this. One or two "popular medical" arguments we have dealt with in the Introduction. But the fact narrated here shows that there are many people, even in these British Isles, to whom medical advice and attention are almost a nonentity. To these we dedicate our work, and trust it will be found by them a useful companion in sickness and a trustworthy adjunct to the doctor—when his advice can be obtained.

February, 1890.

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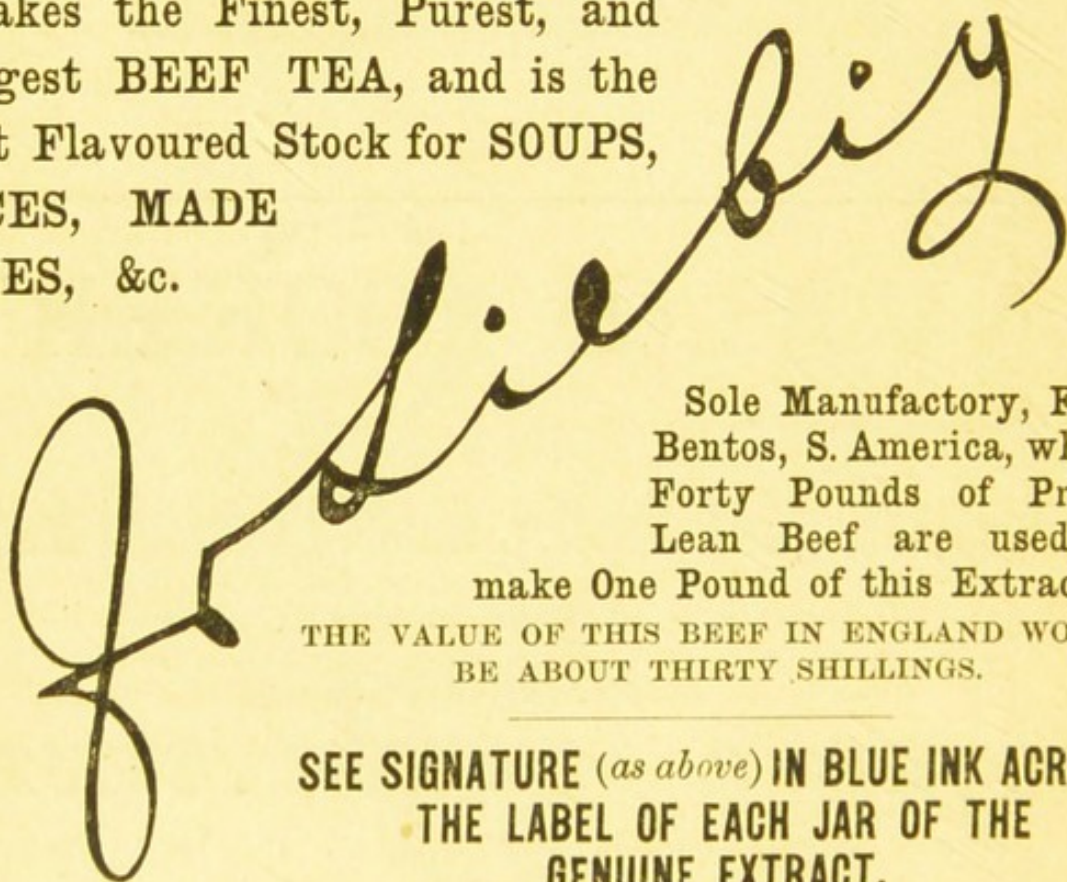
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## INTRODUCTION.

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THE object of this work is to give to non-medical readers an intelligent description of the chief diseases of mankind, and the guiding principles of their rational treatment. It is intended to be a useful handbook for emigrants and others who may be situated far from any medical man, and also to aid the heads of families at home in the proper first treatment of cases of illness until professional assistance can be secured. In no sense does it pretend to give a complete system of treatment for the various diseases. It does not oust the doctor, but only supplements his skill. When sickness occurs, and a doctor is not at hand, this work is intended to help the owner to find out what the malady is, and then to lead him on to the proper method of treatment, so that when a doctor does come—if he can be obtained—he will find nothing to undo or to condemn.

Being essentially a popular book, only the leading and salient characteristics of each disease have been noticed. The prominent symptoms, such as would

strike an ordinary observer, have been described; while the minutiae of the condition of the tongue, the pulse, the temperature, and such like, interesting and useful as they are to the medical man, have been generally omitted. In discussing the treatment, the chief stress has been laid on nursing and dietary details, which are generally included under the term of home treatment of the sick. But as the work is intended for those who cannot obtain medical assistance at once, an outline of the proper medical treatment, with the remedies plainly set forth, has also been given. One line of treatment has, as a rule, only been set forth, as it was deemed inexpedient to cumber the work and confuse the reader with the different theories of various diseases, and the reasons that make "doctors differ." The alphabetical system has been adopted in order to make it an easy book of handy reference, so that an inquirer can at once refer to any particular diseases.

One or two objections to works of this class may be usefully dis-

cussed at this point. One old and musty argument need only be mentioned—that it is undesirable to give any medical information except in medical books. In these days of ambulance lectures, and popular science, and University Extension schemes, people will insist on having medical subjects also explained to them. Medicine is no mystery which can be understood only by a select few. It is simply the application of science to the study of disease, and all the arguments that are used in favour of popular teaching of science can be used with equal force here. Another more specious argument is that it is unwise to give people only a smattering of medical knowledge, and that it will do more harm than good. This is our old friend, “A little knowledge is a dangerous thing.” It may not be inapt to point out here that this familiar quotation is a mis-quotation, for Pope said really that a little “*learning*” was dangerous, which is a very different thing. But taking it as it is generally quoted, we maintain that a little knowledge—if it be correct knowledge—is only dangerous when it is mistaken for full and complete knowledge. All our knowledge—even of the wisest among us—is only a little, after all; and if it is used only as a stepping-stone to fuller and more accurate knowledge it is in the highest degree desirable. Another argument against such a work is this: that it is very unwise for people to treat or doctor themselves. But it is a fact of human nature that people will often insist on treating themselves; and it is surely more desirable that

they should treat themselves rightly than wrongly. Again, this work is primarily intended for those who are unable to get prompt medical assistance, if they can get it at all; and there can be no question that in such cases it is advisable they should have some standard authority to guide them, and prevent them from simply working in the dark. The desire for medical knowledge on the part of the public is a thing to be encouraged. The term “medical knowledge” is here used in its widest sense, and includes the due appreciation of everything that will tend to prevent disease. A large class of diseases is labelled “preventible”; but how few steps are really taken to prevent them! Their prevention can only be secured by the loyal co-operation of the public with the medical profession, and the help of the people can only be the result of knowledge. It is the custom of the well-to-do who at present live in the enjoyment of one or two of the elements of sanitary laws, to speak contemptuously of the poor who live, and have to live, in defiance of them. But the wisdom of the upper classes is, even at its best, as yet of a most superficial nature. To cull one example from the most recent experience: if people could only be made to understand the reasons for the muzzling of dogs (reasons that convinced a Committee of the House of Lords), there would never be heard the childish and foolish argument that muzzling itself might produce rabies.

These remarks are made in no apologetic spirit. A book like this in these days needs no

defence. Our leading physicians and surgeons write on medical topics to the reviews, the magazines, and the daily papers. It is a matter of common knowledge that they have even contributed to, or written, such works as the present. But in some medical circles which have not moved with the times the dry bones of the ancient prejudices still seem to have some life in them. To those prejudices an answer has here been attempted.

The fact is, a book of this nature is but extending the rôle of the medical practitioner. His business is to give advice, and like everyone else he finds it easier to deal with intelligent knowledge than with ignorance. Where no medical assistance can be obtained, it is hoped that "Home Medicine" will be a useful help; when a doctor's services are at hand, it will serve as a useful complement to his advice. With these few remarks of an introductory nature, we proceed to the subject proper of our work.

**HOME DIAGNOSIS AS BEARING ON TREATMENT.** "You must catch your hare before you can cook it," says the proverb; and it is equally true that, before treatment can be beneficially applied to a sick person, one must know what is the matter. A book such as this is would lose half its value unless some hints were given to help the "first-aid" nurse in the recognition of disease. In the natural excitement caused by the advent of sickness it would be impossible for anyone to run through the alphabetical list, and put his or her fingers on the right

paragraph. Diagnosis simply means the differentiation of one disease from another, or, in other words, the discovery of the ailment from which the patient is suffering. Perfect and exact diagnosis can, of course, only be displayed by those who have had a skilled training; but it is possible to give the intelligent reader some sign-posts to guide him in attempting to find out the nature of the disease with which he is dealing. It may be urged that we will only help people to make mistakes. Against that view it is a sufficient answer, that "to err is human," and that doctors themselves sometimes lapse, through no fault of theirs, into a blunder.

Chronic diseases are without the scope of this chapter. A man who suffers, say, from gout, or rheumatism, or phthisis, has generally sought advice, and knows what is the matter and how to deal with it. Accidents and fits may also be left out of consideration. These generally betray their nature by their immediate surroundings, and the paragraphs under these heads will suffice. Again, poisoning cases may be omitted, for the acuteness of the attack, and the discovery of a bottle, or some such clue, puts one on the right track, and the heading **Poisons** can be at once consulted. Our present purpose is to deal with acute disease. A man is taken ill. What is the matter, and what is to be done? The leading and early symptoms will be briefly discussed, and then the chief acute diseases so characterised will be enumerated, that the reader may be more easily enabled to refer to the necessary paragraph.

It may first be premised that a disease does not declare itself all at once. One has to wait and watch before thorough diagnosis can be ascertained. But as an offset against this, it may be said that treatment is first directed to the patient, and not to the disease. By this is meant that treatment includes, first of all, the setting of your patient among the most comfortable and hygienic surroundings. Drugs are very useful; but there are few, if any, that "cure" in the popular sense. The wise physician not only treats the particular malady, but looks at his patient as a whole—his constitution, his present condition, his pulse, his tongue, and all his physiological conditions—and prescribes accordingly, changing his prescription as circumstances vary.

We now proceed to a classification of some of the principal diseases. The lines of the classification are not scientific. Thus, diphtheria, which is really an acute specific fever, is scheduled under the "Diseases of the Respiratory Organs." But the principal symptoms of diphtheria which would call a person's attention to it are those of the throat: that is the justification for the course here pursued.

The chief early symptoms of acute illness are feverishness and pain. A person previously well is suddenly, or after a day or two of general *malaise*, laid up with shivering and the other signs of **Pyrexia**, or **Fever**, which will be found under the heading **Fevers**. Pains are often felt all over the limbs and the body. They are of diagnostic value when they are chiefly referred to

some specific part of the body. Thus, a pain in the chest would lead one to think of bronchial, cardiac, or pulmonary disease, while a pain in the abdomen would direct attention to the organs contained therein. A pain in the head is not so constant a sign of disease in that region. A person will have headache in most diseases, but occasionally, taken with other symptoms, a pain there will help us to locate the seat of disease. Another factor which helps us in diagnosis is what is called predisposition. In the first place, this includes hereditary tendency. Any disease, such as phthisis, or rheumatism, to which the patient's ancestors have been known to be subject, would naturally lead us to think of the possibility of pulmonary or rheumatic trouble in the case before us. But predisposition also takes in the fact of the patient having previously suffered from an acute illness. Any disease, however perfect the recovery, leaves the part weak, as it is called, and more prone to affection when sufficient cause arises. Thus, a man is known to have suffered from inflammation of the kidneys at some previous time of his career. He contracts a chill, comes home feverish, and complains of a pain in his loins. Our attention is at once riveted to the kidneys, and without leaving out other probable causes of illness, we proceed to examine further the weak spot, and see if first suspicions are correct, or whether second thoughts are best.

The general feverishness felt may prove to be the premonitory signs of one of the **Acute Fevers**. The chief of these fevers in Eng-

land are **Measles, Scarlatina, Small-pox, Typhus, and Typhoid.** One help to us in forming an opinion is the fact of the presence of infection, for it must be remembered these are all contagious. If there is an epidemic of any of these fevers about, or if the patient in any way has been lately exposed to some specific infection, the chances are that such is the disease he is sickening for. Measles is heralded in by catarrhal signs, such as cold in the head, cough, and bronchitis. In scarlet fever the throat is sore and the glands are swollen. Small-pox exhibits severe pains in the back and sickness. The incipient signs of typhus are less clearly marked. There are pains about the limbs, and chilly sensations, till the patient is laid up prostrate. Typhoid fever is still more insidious in its approach. For several days, perhaps a week or more, the sufferer simply complains of *malaise*, and fights against his malady. The most marked symptoms, however, are pain in the lower part of the right side of the abdomen, and diarrhœa, though in the earliest stage constipation is sometimes present. If in the first few days of *malaise* the temperature be taken, as described in the section on **Home Nursing**, there will be found to be a slight diurnal rise. In the morning the instrument will indicate, say, 99·5deg. Fahr., and in the evening, 100·5deg.

**Yellow Fever and Dengue, or Dandy Fever,** are also specific contagious fevers. Neither of them is a disease of this climate. Yellow fever is confined chiefly to the West Indies and Africa, while dengue is met with in the East and West Indies and America.

The topography will in these cases help us to come to a conclusion as to the nature of the illness.

**Ague** is another specific disease, though not contagious, which may be briefly mentioned here. It is met with in malarial districts, and is apt to attack people who have contracted the disease, even after they have removed from the district.

Leaving the specific fevers, let us devote a short space to the diseases of the various organs. The **Diseases of the Respiratory Tract** first claim attention. That tract includes, broadly speaking, the nasal passages, the throat and windpipe, the bronchial tubes, the lungs, and the pleura, or lining-membrane of those last-mentioned organs. The principal respiratory diseases are **Bronchitis, Catarrh, Croup, Diphtheria, Influenza, Pleurisy, and Pneumonia, or Inflammation of the Lungs.** The signs to make us suspect one of those complaints would be pain referred to the chest or throat, difficulty of breathing, cough, and expectoration of phlegm. Catarrh generally shows itself by running at the eyes and nose. Croup is a disease of children marked by suddenness of onset, struggling for breath, sickness, and coughing up of shreds of false membrane. The presence of **False Croup** has also to be taken into account. Diphtheria, which is really a specific fever, is marked by great prostration, swelling of the glands at the angles of the jaws, difficulty of swallowing, and the appearance of patches of a dirty grey colour on the tonsils and the back of the throat. The signs of bronchitis are cough, a wheezing noise accompanying the



breathing, and the expectoration of a white frothy phlegm. In pneumonia pain is generally referred to the back of the chest, the countenance is very anxious, the face dusky, the breathing hurried, and the cough attended with a stained, or *rusty-coloured* sputum. In pleurisy the pain is felt chiefly at one side, and on taking a long breath; the breathing is therefore short. The cough is hacking and dry.

**Diseases of the Heart** may next be briefly discussed, for there is only one that claims our attention here. **Pericarditis, or Inflammation of the Sac or Bag which incloses the Heart**, may sometimes be the result of a chill, but is generally met with as an accompaniment or sequel of **Acute Rheumatism**. The chief symptoms to attract attention are pain in the left side of the chest, difficulty of breathing, and a short, dry, hacking cough. **Endocarditis, or Inflammation of the Interior of the Heart** itself, may just be mentioned here, as it hardly comes within the province of acute diseases. **Angina pectoris, or Breast-Pang**, should also be alluded to, though the feverish symptoms are absent, and it perhaps would more readily be described as a kind of fit. It is characterised by a sudden onset of severe pain shooting up the left side of the chest and down the corresponding arm, accompanied by great shortness of breath and extreme anxiety of countenance.

Turning our attention next to **Abdominal Diseases**, the general symptoms are pain in some part of the stomach, severe constipation or diarrhœa, and often vomiting. Febrile symptoms of

course accompany these signs. The diseases in which diarrhœa is a prominent sign (leaving out of notice simple diarrhœa itself) are **Dysentery, Summer Cholera, and Epidemic or Asiatic Cholera**. Profuse diarrhœa is the prominent symptom of these three diseases. Straining, and the passage of blood in the stools, manifest themselves in dysentery in about three days. Summer or English cholera appears, as the name indicates, in summer-time. It chiefly attacks children, and great prostration is an accompaniment of the diarrhœa. True or Asiatic cholera is an epidemic disease of malignant virulence, and is marked by extreme collapse from the onset of the symptoms.

The chief diseases in which pain, feverishness, constipation, and perhaps vomiting, are the main signs, are **Colic, Gallstones, Peritonitis, Typhlitis, and Perityphlitis**. In colic and the passage of gall-stones the fever, if present at all, is not so high as in the other cases. The character and the locality of the pain are also guides to diagnosis. In the case of a gall-stone, the pain, which is of an extreme and lancinating nature, is chiefly felt over the upper part of the right side of the abdomen. It is not always present, but intermittent, and often accompanied by severe vomiting, of a dark, bilious nature. The presence of **Jaundice** will often help us in coming to a right conclusion. In colic the pains are of a twisting nature, and centre round the navel. The patient lies on his stomach, and the pain is relieved by pressure. In peritonitis the fever is high, and the pain is felt all over the abdomen.

It is increased by pressure, and the patient lies on his back, with his feet drawn up. In typhlitis and perityphlitis the pain is referred to the right groin, and the sufferer lies on that side, with his knees drawn to the stomach. Both these diseases must be carefully distinguished from typhoid fever, in which the pain is also referred to the right groin. But in typhoid the pain is generally elicited only on pressure, while in typhlitis it is constant and persistent. Constipation is the rule in typhlitis, and diarrhœa in typhoid. Typhoid, again, is more insidious in its onset than typhlitis. In **Obstruction of the Bowels** the constipation and the vomiting are the chief signs. The vomiting is especially to be noticed. It increases in severity, and as the case goes on the vomit presents a distinct fœcal odour.

**Ulcer and Cancer of the Stomach**, though chronic diseases, sometimes become acute from an attack of hæmorrhage. In such an accident, in addition to the articles on those subjects, the paragraphs on **Hæmorrhage**, **Hæmoptysis**, and **Hæmatemesis**, should be consulted.

When the pain is situated in the loins, and there is a passage of thick urine from the bladder, the **Kidneys** are probably the seat of mischief. This disease of the kidney will be found referred to under the heading **Bright's Disease**. In addition to these signs, nausea, or even vomiting, may be present, and the pain, intermittent in character, felt to radiate down the loins into the groin. The urine may deposit a copious sediment of brick-red dust. *Gravel, or Stone in the*

*Kidney*, is then most likely the condition causing the illness.

There is little to be said about **Acute Nervous Diseases**. The chief of them—as **Apoplexy** and **Epilepsy**—are dealt with under their respective headings. But **Meningitis** and **Tubercular Meningitis** must be mentioned here. Both these diseases imply inflammation of the membranes of the brain, and tubercular meningitis involves the presence of tubercle as its cause. *Acute meningitis* is a rare disease. Its chief symptoms are headache, fever, vomiting, inability to bear light or noise, and furious delirium. It generally results from injuries to the head, or from alcoholic indulgence. *Tubercular meningitis* chiefly attacks children, and its onset is very insidious, and preceded by some weeks of symptoms of failing health. The principal warning symptoms are vomiting, headache, squinting, and loss of flesh.

The premonitory symptoms of some of the principal acute diseases have now been touched on. Our object has been to try and show a person how to discriminate and to reason. All the symptoms and all the methods of diagnosis it would be impossible to recount in one chapter. Enough has, however, been said to enable the reader to proceed on the right track, and to form a good general idea for himself of what the disease is that he is going to treat. We further advise anyone who wishes to make himself proficient in the art of Home Doctoring to study some of the elementary facts of physiology. The little manual on the subject by Professor Huxley ought to be read by all. It is pub-

lished by Macmillan and Co., under the title of "Elementary Lessons in Physiology."

**HOME NURSING.** The importance of the nurse in the treatment of the sick is allowed by all. The patient and the doctor alike sing her praises. The sick and helpless man is conscious of her daily, unremitting attention. While the doctor feels he has to trust to the nurse for the due and proper carrying-out of his commands, he also looks to her for information. The doctor can only be with his patient a few minutes every few hours at the most. He learns the symptoms, the variations, and the progress his patient has made, from the intelligent nurse. Some years ago it was a cardinal article of the Englishman's creed that any woman would make a nurse. But nowadays nursing is a distinct profession, and the wholesome change has exercised a great benefit on medical treatment. "Sairey Gamp" is immortal now only in the pages of history. Her place is taken by an intelligent lady, carefully and skilfully trained in the exercise of her vocation. But it is not everyone who can afford, or who can obtain, the services of a trained nurse. As this little book is written to help those who are unable to get prompt medical advice, it follows that a few hints on Home Nursing should form a part of the work. There is a right and a wrong way to do even so simple a thing as administer a dose of medicine. We propose to describe here a few of the details of nursing, so as to enable the home nurse to treat her patient with proper care and efficacy.

To plunge at once *in medias res*, let us suppose our patient has come home sick. The first thing to decide is, where is he going to be put? The loftiest and airiest room in the house should be chosen for his domicile. If it is likely to be an **infectious** case, a room at the top of the house, if possible, should be secured. There should be a fireplace in the room, and a large window which can be opened from both the top and the bottom. The aspect of the room should be to the west or south-west. The reason for this is, that thus the invalid gets the afternoon sun, and avoids that of the morning. The cheerier the look-out, the better it is.

Before putting our patient into his quarters, his room should be aired and dusted. The woodwork should also be rubbed down with a cloth wrung out of Condy's Fluid and warm water. All superfluous furniture should be removed, for it must be remembered that the less furniture there is in a sick-room, the better. Woollen curtains, valances, stuffed chairs, and the like, only serve as carriers of dirt and infection, and should be removed. A bed, two or three cane-bottomed chairs, a wash-stand, a table, and a coal-box, are all that is necessary. Before the invalid is taken to the room the fire should be lit, and the temperature raised to 60deg. Fahr. A thermometer should hang near the head of the bed, which should be constantly consulted.

A narrow bed is preferable to a wide one, and a horse-hair mattress to a feather-bed. The old-fashioned four-poster is rarely seen nowadays, and is very undesirable as an invalid's bed. The bed should not be placed along the

side of the wall. If possible, it should be situated between the door and the fireplace.

Fresh air is an imperative necessary for the sick-room. To insure a supply, the window should be opened at the top, for a few minutes at least, three times a day. If the patient feel any draught or cold from this, an extra blanket may be thrown over him.

A home nurse should be able to count the pulse and take the temperature. The **pulse** is felt at the wrist. The radial artery runs along the thumb side of the wrist, and it can be felt beating in that situation. The normal rate of the pulse in the healthy adult is seventy-two beats a minute. In infants it ranges from 100 to 120 beats.

The **temperature** of the body in health is 98.4deg. Fahr. It forms a valuable aid to us in diagnosing and prognosing the state of disease. If it rise to 100deg. it is sub-febrile; if it goes up to 102deg. or 103deg. it is febrile; and if it reaches a higher point than that it is indicative of great danger. The temperature is taken by means of a self-registering clinical thermometer. The index is first shaken down below 98.4deg. Fahr., and the bulb is then placed in the armpit. The arm is then drawn over the chest, and the thermometer allowed to remain *in situ* for ten minutes. It is then removed, and the height of the index read off. The temperature should be taken morning and evening. It is generally a degree or a degree-and-a-half higher at night than in the morning.

Great comfort will be experienced by the patient if he be

rapidly sponged over every morning with tepid water, and his hair brushed. If unable to wash his teeth himself the nurse should tie a piece of lint or cotton to the end of a pencil, dip it in a wineglassful of tepid water with half a teaspoonful of Condy's Fluid added, and use it for the teeth and the mouth.

The nurse should remember that the vital powers are at their lowest between 11 p.m. and 4 a.m., and therefore an extra blanket, or a stir at the fire, or a cup of beef-tea or of a stimulant, if ordered during these hours, will often prove grateful to the patient. Stirring the fire should be noiseless; a stick of wood may be used as a poker. Coals must not be put on the fire with a shovel; each separate lump must be carefully taken up by the hand (protected with a cloth) and placed on the fire.

There are a few hints on **bed-making**, laid down in all nursing manuals, which may be usefully reproduced here. The idea is to change the bedding with as little disturbance to the patient as possible. In the case of the top-sheet, the clean sheet is placed over the soiled clothes. A person standing on one side of the bed holds the clean sheet firmly in place, while another on the opposite side draws the used linen away. To change the under-sheet, the patient is first turned halfway over on his side. The soiled sheet is rolled up in a roll against him, and the clean sheet, similarly rolled, is placed in contact with it. The patient is then gently turned over to his other side, the soiled sheet is removed, and the clean one unrolled.

**The Administration of Food and Medicines** is an important part of the nurse's work. There is little to be said about the subject here. Medicines, of course, should be carefully measured out, and the bottle should always be shaken before the dose is poured out. Unless there is any special reason or order to the contrary, a patient should never be wakened out of sleep for either food or medicine. When he does wake, if the time for taking one or the other has gone past, it should be at once administered to him. Food should be given in small quantities, at frequent intervals. No cooking of any kind must be done in the sick-room. It is always better to bring the patient too little than too much at a time. If too much is brought, loathing may be created; but if there is too little, the deficiency can always be supplemented should the patient ask for more.

After all, the great secret of nursing is the application of common sense to the old-fashioned Golden Rule. Try and put yourself in your patient's place, and think what would be grateful to your own feelings in the case. No hard-and-fast rules can be laid down. As a general principle, it may be said it is well, if possible, to ascertain the patient's wishes, and follow them out, if there be no crying reason to the contrary. The voice of Nature is probably speaking through him, and Nature, intelligently understood, is, after all, our sign-post. Still, it is well to have rules to guide us on the subject.

Space forbids our entering into the subject further here, but there are many excellent works on

nursing published nowadays which give full directions for the management of all sorts and conditions of patients. The hints, however, given in this section, combined with the instructions laid down in the body of the work, will, we hope, help many a home nurse to tide over the trying time of serious sickness in her household.

**MEDICINES AND MEDICINE-CHESTS.** The prescription and administration of medicines form an important item in the treatment of the sick. But it is to be remembered that the taking of medicine is not the "be-all and the end-all" of rational treatment. Many people when they are ill or out of sorts will get and take a medicine with faithful regularity, and at the same time fly in the face of every hygienic principle. They fail to get better, and they blame the medicine instead of their own folly and obstinacy.

Medicines are an adjunct in treatment. Certain substances are found by experience and experiment to have a definite action on the human frame, and these are ordered to be given when that action is desired to be produced. Thus, ipecacuanha is an expectorant or an emetic; nitre is found to have the power of stimulating the secretion of fluids from the body; opium is an anodyne; and quinine is a tonic or an anti-periodic according to the dose. Many people have an idea, which quacks and patent-medicine vendors prey on, that for every disease there is some medicine which is a "cure." This is founded on an erroneous conception of the

nature of disease and the functions of medicine, and on a misunderstanding of the meaning of the word "cure." "Cure" means "care," and to cure a patient is to take care of him; and the word implies nothing more nor less to the wise physician. This—the proper meaning of the word—is indicated when we talk of a curate, or a "cure of souls."

Still, medicines have their right and useful place in the economy of treatment, and only superficial thinkers talk about not believing in drugs. Certainly, medicines administered blindly, and at haphazard, will do more harm than good. If, however, they are given with knowledge, judgment, and precision, and without any hope of the production of a miraculous result, they are of inestimable service. People seem sometimes, too, to object to medicines because they say they prefer "natural" means of cure. If they think over it, they will see that such a proposition is pure and arrant nonsense. All drugs are taken from one or other of the three Kingdoms of Nature—Mineral, Vegetable, or Animal—and are, therefore, perfectly "natural" substances. What difference is there between using a preparation of the ipecacuanha plant and taking horseradish-sauce with our beef? Or why should one use salt and pepper and mustard, and yet refuse to take rhubarb and soda for dyspepsia? And why should a man take a basin of hot gruel to help him to perspire, to get rid of a cold, and object to 5 or 10 grains of Dover's Powder, which will produce the same result with more certain efficacy? The fact

is, drugs are just as "natural" as any article of diet, and their use in their proper places is as rational as eating a mutton chop to relieve hunger, or drinking a glass of water to allay thirst.

The only way that medicines can be administered by the home nurse is by the mouth. Doctors often inject them under the skin, or introduce them into the system by other portals; but such methods are out of place for anyone not trained in the art of physic. Some drugs are given in the dry form—as pills and powders; others may be taken in simple solution—as bicarbonate of potash, dissolved in water. Others, again, as tinctures, are prepared by special pharmaceutical processes. There are also other preparations of medicines, such as infusions and decoctions, or liniments and plasters—which last are for external use; it would be out of place to explain their preparation here. It may suffice to state that there are certain medicines, and preparations of them, which, having passed the test of universal medical experience, are placed on the list of the British Pharmacopœia. Such drugs are called "official," to distinguish them from those which are still being experimented on, and which, if found worthy, will be placed on the official list in future editions. The prescriptions given in this book are, for the most part, such as can be obtained at "any chemist's." In many cases, however, as no chemist is at hand, it is essential to be able to make up a mixture at home. For that reason we append here lists of the most useful medicines to make up home

medicine-chests. Such chests may be divided into three categories: In the first place, we have to recommend a chest for people living in large towns, within easy reach of both doctors and chemists; then we must deal with those placed in distant country districts, far from both these necessities; and lastly, we shall have to prescribe for colonists, emigrants, and such-like, who are placed still more remotely from medical advice.

There is this, first, to be said about home medicine-chests—that only such drugs and such preparations of them as will keep will be recommended; this puts out of our reckoning all such preparations as the infusions which are frequently prescribed in the book, but which can only be obtained in large bulk, and which do not keep for any amount of time. There is a chemical way of making up drugs now in the form of small “tabloids,” which are admirably fitted for the purpose of home chests. The drugs are made into small lozenges, and each lozenge contains an accurate dose of the drug in question. Messrs. Burroughs and Wellcome, manufacturing chemists, of Snow Hill Buildings, Holborn, are the makers of these tabloids. This firm has had great experience in the fitting-out of medicine-chests; in proof of this, it need only be said they made up the medicine-chest for Stanley in his recent Congo Expedition. We cannot do better than recommend anyone who is going abroad to consult with them about their drugs. In this place we shall simply give a list of the most useful medicines, and we must leave the rest for the reader to settle with his chemist.

Before going any further, a remark may be made about *dosage*. The **doses** in the Dictionary, unless expressly stated otherwise, **are for adults**. The rule given for reckoning the doses for children is as follows:—To the child's age add 12, divide the age by that number, and the quotient is the dividend by which the adult dose must be divided to get the proper dose. Thus, suppose the dose for an adult is 1 grain, and the child's age is 2, adding 12 to 2 we get 14; divide 2 (child's age) by 14, and  $\frac{1}{7}$ th is the result, and the dose for a child of 2 years of age is  $\frac{1}{7}$ th of a grain. The different doses for different ages are given on the page facing page 1 of Dictionary. *It must be remembered that children are very susceptible to the influence of opium.*

To get at last to our medicine-chests. We shall begin with the drugs necessary for those living in large towns; such people need only the smallest supply, as they can always get the necessary remedies in a short time. The following list will be sufficient.

### For those Living in Large Towns.

#### FOR INTERNAL USE.

*Aromatic Spirits of Ammonia*, commonly called *Sal Volatile*. A diffusible stimulant. Dose,  $\frac{1}{2}$  to 1 drachm, freely diluted.

*Ipecacuanha Wine*. An expectorant and emetic. Dose as an expectorant, 5 to 20 drops; as an emetic, 3 to 6 drachms.

*Tincture of Opium*, commonly called *Laudanum*. Anodyne, or pain-soother. Dose, 5 to 20 minims.

#### FOR EXTERNAL USE.

*Soap Liniment*, commonly called *Opo-*

*deldoc.* A good external liniment for sprains or muscular pains.

*Glycerine.* An application for dry and rough cuticular and mucous surfaces.

*Vaseline.* An ointment for open wounds and burns.

In addition to these remedies, every medicinal chest should contain some *lint* and *oil-silk* for the treatment of wounds (Christia waterproof sheeting is an excellent substitute for oil-silk, especially in tropical climates); *plaster*, in the shape of Leslie's Tape Plaster, or Seabury & Johnson's, should also be included. A *set of scales* and *measuring-glasses* must also be mentioned, as when medicine is given it must always be carefully weighed or measured out. The following are the measures and symbols:

#### SOLID MEASURES.

1 grain = gr.j.

437.5 grains = 1 oz. =  $\bar{3}j$ .

#### LIQUID MEASURES.

1 minim = m.j.

60 minims = 1 drachm =  $\bar{3}j$ .

8 drachms = 1 ounce =  $\bar{3}j$ .

Although there is no intermediate weight in the solid measures between the grain and the ounce, doctors and chemists find it convenient to use the old Troy drachm, as equivalent to 60 grains. The symbol for 1 drachm is  $\bar{3}j$ ., and 1 drachm of any solid substance means 60 grains, and *not*  $\frac{1}{8}$ th of an ounce, as is the case in liquid measures.

It is always best to have *marked medicine-glasses* to measure out medicines. The following are given as the usual "household" equivalents:

A teaspoonful = 1 drachm.

A tablespoonful =  $\frac{1}{2}$  ounce.

## For those Living in Remote Country Places.

We now turn to those who live in remote country places, but can get medical attention, say, in twenty-four hours. In addition to the previously-named medicines, they would need the following articles:

#### FOR INTERNAL USE.

*Extract of Cascara sagrada.* A valuable laxative and aperient. Dose, 5 to 20 minims.

*Dill Water.* An anti-spasmodic, for children. Dose,  $\frac{1}{2}$  to 1 drachm.

*Compound Tincture of Camphor*, commonly known as *Paregoric*. This preparation contains opium. A good remedy for spasmodic coughs and bronchitis. Dose, 15 minims to 1 drachm.

*Tincture of Perchloride of Iron*, commonly known as *Tincture of Steel*. A good tonic, and invaluable in all cases of debility due to anæmia. Dose, 10 to 30 minims.

*Nitrate of Potash*, commonly known as *Nitre*, or *Saltpetre*. A diaphoretic, or "sweater." Dose, 10 to 60 grains.

*Compound Rhubarb Powder*, commonly known as *Gregory's Powder*. A good antacid and remedy for indigestion, and in large doses a purgative. Dose, 10 to 60 grains.

*Pumiline Essence.* As an inhalation, a preventive of colds; also, taken internally, a remedy for sore throats, &c.

#### FOR EXTERNAL USE.

*Dilute Solution of Subacetate of Lead*, commonly known as *Goulard's Lotion*. A good remedy for bruises and wounds.

*Zinc Ointment.* A stimulating ointment for ulcers, open wounds, and burns.

*Pumiline Liniment.* A capital liniment for sprains, stiff joints, and rheumatic affections.



*Pumiline Ointment.* An elegant and pleasant preparation for burns, sores, and wounds.

### For Emigrants.

We have, lastly, to deal with a medicine-chest for emigrants and those who are going abroad. We give a list of necessary medicines with diffidence, for much depends on the part of the world to which the person is going. We advise our readers, as before said, to consult with Messrs. Burroughs and Wellcome, and choose the necessary medicines out of their catalogue.

#### FOR INTERNAL USE.

*Dilute Nitro-muriatic Acid.* A good tonic and refrigerant. Dose, 5 to 20 minims.

*Tincture of Aconite.* A fever-depressor. Dose, 3 to 10 minims.

*Solution of Acetate of Ammonia.* A refrigerant. Dose, 1 to 2 ounces.

*Lime Water.* A remedy for acidity and diarrhoea of children. Dose for children,  $\frac{1}{2}$  to 1 drachm, in milk.

*Mercurial Pill,* commonly known as *Blue Pill.* A remedy for biliousness. Dose, 3 to 8 grains.

*Compound Powder of Ipecacuanha,* commonly known as *Dover's Powder.* A diaphoretic. This preparation contains opium. Dose, 5 to 15 grains.

*Bicarbonate of Potash.* An antacid. Dose, 10 to 40 grains.

*Salicylate of Soda.* A depressor of temperature, and a specific in acute rheumatism. Dose, 10 to 60 grains.

*Sweet Spirits of Nitre.* A diaphoretic. Dose, 1 to 2 drachms.

*Quinine.* A tonic in doses of 1 to 2 grains, an anti-spasmodic in doses of 5 to 10 grains.

*Chlorate of Potash.* A valuable remedy in some forms of sore throat. Dose, 10 to 40 grains.

#### FOR EXTERNAL USE.

*Carbolic Acid.* A disinfectant.

*Alum.* An astringent.

*Menthol.* A good remedy for neuralgia.

*Eucalyptia.* A stimulant embrocation, and an antiseptic for inhalation in malarious districts.

The emigrant would, of course, add the medicines recommended in the two former lists to his chest, and the countryman would also obtain those given for the townsman. Only the briefest hints as to the uses of the drugs have been given. It may be thought our lists are too short. But there is no use in a plethora of medicines. We should advise no one who can help it—as the townsman—to keep any poisons in the house. Those who have to supply themselves with one or two must keep them in a separate place, under lock and key, to prevent accidents. For those who are fond of a stock of medicines, we recall the words of a wise old consulting physician: “When I commenced practice,” he used to say, “the Pharmacopœia seemed too small for me; but now I can count the medicines I use on my fingers.”

Although it is not a medicine, a few bottles of Valentine's Meat Juice should form part of every emigrant's equipment. This is an exceedingly valuable preparation, and is one of the best forms of administering beef-tea to the invalid. It can be borne by the weakest stomach. An additional advantage is that it can be easily made ready, as it only needs the addition of cold water. It is highly concentrated, and a most nutritious food.

In the pages of this work cod-liver oil is often recommended.

There are oils *and* oils—most good, some indifferent, and a few bad. The objectionable flavour is a great drawback to its use. Amongst the oils in the market without this objection there are Allen and Hanbury's Perfected and Jensen's Iceberg Brand, in which the taste is almost *nil*. Everyone can take either form, and for children they are very useful.

**ADMINISTRATION OF MEDICINES.** Unless there is any express order to the contrary, medicines should be taken at a time when they will not interfere with meals. When a medicine is ordered to be taken three times a day, eleven o'clock, four, and eight are good hours for its use. Two of the most important exceptions to this rule are medicines containing iron and arsenic. They should be taken about a quarter of an hour after a meal. Pills are usually taken at bedtime, and aperient draughts in the morning.

**Mineral Waters** may be classed amongst medicines. They should be taken in the morning, before breakfast. The addition of a little tepid water to the dose increases the effect. One of the best mineral waters for occasional use is the Franz Josef, a Hungarian water which takes its name from the Austrian Emperor.

When **Cooling or Evaporating Lotions** are ordered to be applied to a part, they should not be covered over with a cloth or bandage. By doing so the application is soon made warm, and all its action is reversed. A fold of lint, muslin, or cotton-rag should be soaked in the lotion, applied to the part, and changed as often as it becomes warm or dry.

**Ointments** are most conveniently applied by spreading them on a piece of lint of adequate size, and then confining the dressing in its place by a bandage.

**Inhalations** are now frequently ordered by medical men, and most of them can be easily applied by home apparatus. All that is necessary is a jug containing from  $\frac{3}{4}$  pint to 1 pint of boiling water. To this is added the medicine to be inhaled. The top of the jug is then covered with a towel or broad handkerchief. A cone-shaped opening is made at one corner to admit the nose and mouth, and the patient can then inhale the steam. Ten minutes is the average duration of an inhalation. The best time for inhaling is the evening. No one should go out into the open air for at least one hour after inhaling. When Chloride of Ammonium is ordered for inhalation, the apparatus mentioned is insufficient. Special inhalers are made for this purpose. One of the best is Vereker's Chloride of Ammonium Inhaler, which contains full directions for its use on the instrument.

**POULTICE-MAKING.** It may not be out of place to give a few directions here for poultice-making. Let us take a **Linseed-meal Poultice** as the type. The first rule is: Never remove an old poultice till the fresh one is ready to be applied. A poultice should not be too thick, as that makes it heavy, and causes inconvenience;  $\frac{1}{2}$  in. thick should be the extreme limit. The best material to spread a poultice on is old flannel. Cut a piece large enough for the required poultice. Scald out a basin with some

boiling water, fill with sufficient boiling water, and then, pouring in the linseed-meal with one hand, stir it up with a scalded spoon in the other to the requisite thickness to form a paste; spread it quickly over the flannel and trim off the edges to within  $\frac{1}{4}$  in. from each side; fold these edges over, and apply to the patient. When the poultice has to be taken from any distance to the patient, it should be carried between two hot plates. After the poultice is applied, it should be covered with a piece of oil-silk, and be kept in place by a bandage of light flannel.

A **Mustard Poultice**, it may not be amiss to point out, should be made with cold water: hot

or boiling water destroys the virtue of the mustard. The most cleanly and convenient way of applying a mustard poultice is to use Rigollot's Mustard Leaves.

**BATHS** are frequently recommended in the treatment of disease. They are divided, according to the temperature of the water, into cold, tepid, warm, and hot. The temperature should be taken by means of the bath thermometer. A table of the various temperatures of baths is here appended:

*Cold Baths.*—The temperature of the air.

*Tepid Baths.*—90deg. to 95deg. Fahr.

*Warm Baths.*—95deg. to 105deg. „

*Hot Baths.*—105deg. to 110deg. „

## TO CALCULATE DOSES FOR CHILDREN.

(See also MEDICINES AND MEDICINE-CHESTS.)

**RULE.**—Add 12 to the age of the child; divide the age by this amount; the result is the necessary fraction of the adult dose. In the following Table the unit is taken of 1 grain as an adult dose, and the modifications for various ages are given:—

For a child 1 year old	$\frac{1}{1+12} = \frac{1}{13}$	grain.
„ „ 2 years „	$\frac{2}{2+12} = \frac{1}{7}$	„
„ „ 3 „ „	$\frac{3}{3+12} = \frac{1}{5}$	„
„ „ 4 „ „	$\frac{4}{4+12} = \frac{1}{4}$	„
„ „ 6 „ „	$\frac{6}{6+12} = \frac{1}{3}$	„
„ „ 8 „ „	$\frac{8}{8+12} = \frac{2}{5}$	„
„ „ 12 „ „	$\frac{12}{12+12} = \frac{1}{2}$	„

Let us take a concrete example. A mixture is ordered of which an adult is to take two tablespoonfuls every four hours. What dose should be given to a child of 4 years? The table shows a fourth of the dose. Two tablespoonfuls are 1 ounce; 1 ounce is 8 drachms; a fourth is 2 drachms; and 1 drachm is one teaspoonful: so two teaspoonfuls are the required *dose*.

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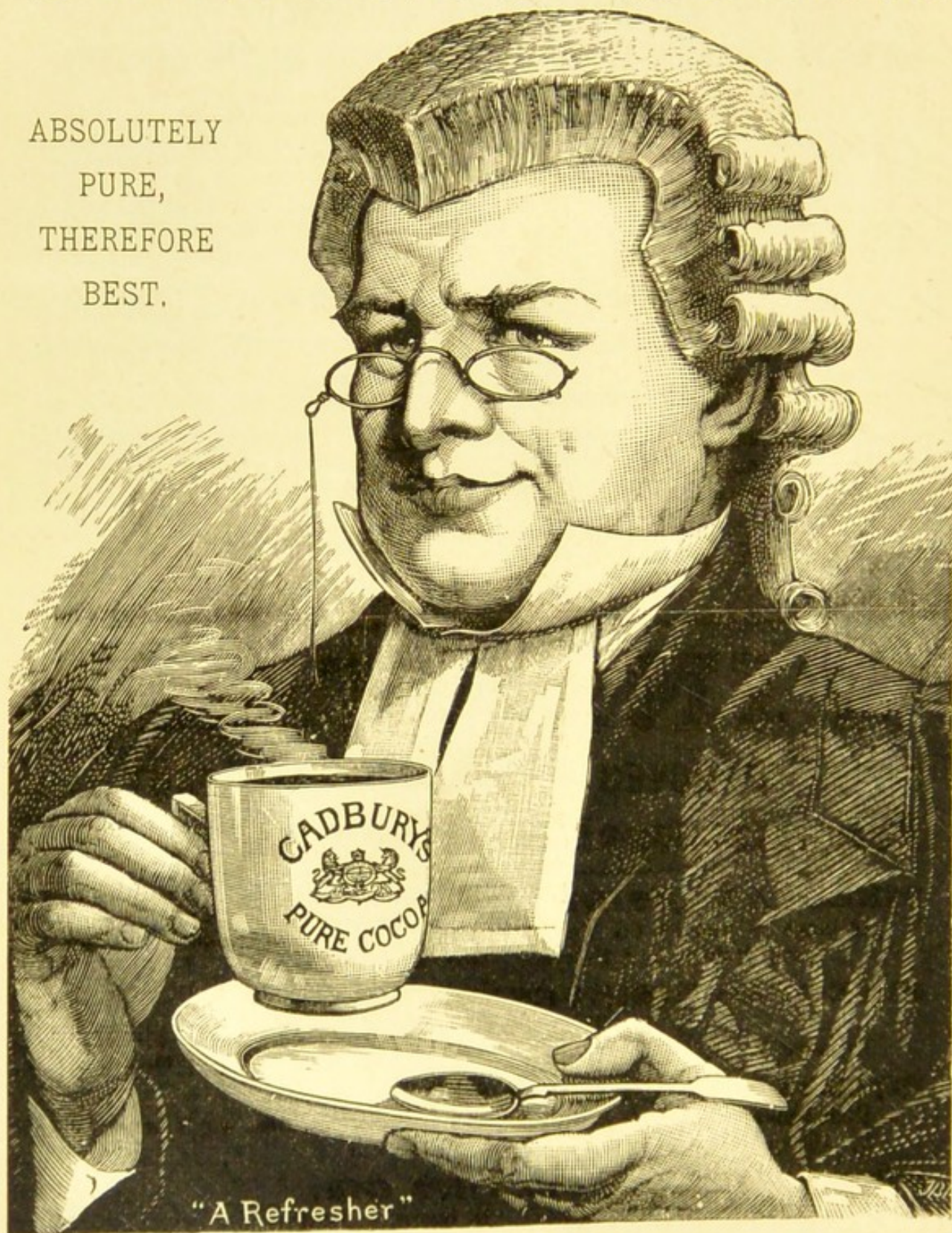
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CADBURY'S COCOA is closely allied to milk in the large proportion of flesh-forming and strength-sustaining elements that it contains. It is prepared on the principle of excluding the superabundance of fatty indigestible matter with which Cocoa abounds—supplying a refined, thin infusion of absolutely pure Cocoa, exhilarating and refreshing, for Breakfast, Luncheon, Tea, or Supper—giving staying power, and imparting new life and vigour to growing Children, and those of delicate constitutions.

# HOME MEDICINE AND SURGERY.

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**ABRASION.** See **Chafing.**

**ABSCESS** (*Gathering, Proud Flesh, Suppuration*). An abscess is a collection of matter in the tissues, or within an organ of the body, contained inside a limiting membrane or bag. It is the result of inflammation, and may be *acute* or *chronic*.

**Chronic Abscesses** occur in those who are weak or debilitated from any cause, such as scrofula. They are slow in their formation, and present none of the burning and throbbing symptoms which accompany acute abscesses. They manifest themselves by forming large and baggy swellings in various parts. To distinguish the swelling of an abscess from any other swelling, we put the palm of our hand over one side of the swelling, and give the other side a smart tap with the finger; if any fluid or matter is present, a peculiar thrill is felt, which shows us that an abscess is present.

The treatment of chronic abscesses is: First, to open them up freely when they are full of matter. This only a surgeon can

do. To prevent their forming, and, when present, in a small degree, to assist in their absorption, we must build up the system by generous diet, consisting chiefly of broths, milk, eggs, mutton, and poultry. Alcohol is to be avoided. There are two drugs, also, which are necessary adjuncts of the treatment. The first is cod-liver oil. This should be taken regularly, in as large doses as the stomach will stand. The patient should begin with a small dose, say a teaspoonful, and gradually increase it as he finds himself getting used to it. There are various ways of overcoming the distaste people feel to cod-liver oil. One of the best is to sandwich the dose of oil between two doses of coffee. The coffee must be sugarless and milkless. Take a mouthful of the black coffee, then take the oil, and wash it down with another dose of coffee. In addition to the oil, it is requisite to take steel in some form or other. The best preparation is Parrish's Compound Syrup of the Phosphates of Iron, prepared by Squire, of Oxford Street. A teaspoonful of that should be taken



three times a day, after meals. Both these drugs must be followed up for a considerable time.

**Acute Abscess** follows on inflammation of any kind. It generally occurs in structures which lie immediately beneath the skin. The symptoms of abscess are those of *suppuration*, and are generally ushered in by shivering fits. Then the part where the abscess is about to form swells and becomes hard, and presents a burning and red aspect. After a short time the swelling softens; and when matter forms, it is recognised by a peculiar feeling of *fluctuation*, which has been described above as presented to the examiner by placing one hand over one side of the swelling, and tapping the other side with the finger. The pain of an acute abscess is generally intense, and of a throbbing and burning nature. The skin over the swelling becomes red and glazed, and when the matter is fully formed, the abscess bursts, by an opening through the integument, and discharges itself gradually away.

In the treatment of an acute abscess, we first try to promote suppuration, by poulticing with linseed meal or bread. When the abscess "points," much relief is afforded by a free incision made with an abscess bistoury. After the abscess is opened, it should be poulticed till all the matter is out of it. Then the wound that is left must be healed. Care must be taken that the wound does not heal merely at the top, and thus leave a gaping cavity beneath. The plan to pursue is to soak some lint in an antiseptic solution of carbolic acid (of the strength of

one part of the crystals to forty of water), and stuff it into the bottom of the wound. This must be changed night and morning, and the wound allowed to heal gradually from the bottom. During this treatment the patient should be fed on plenty of nutritious diet; but no alcohol is to be taken. Iron may also be given, in the form above prescribed.

**ABSCESS OF THE BRAIN.** See **Brain, Abscess of the.**

**ACARUS SCABIEI.** See **Itch.**

**ACCIDENTS.** Accidents may happen at any time, and include many different conditions; the commonest are burns, dislocations, fits, fractures, hæmorrhage, and poisonings. These different mishaps are all described under their headings, but a few remarks may be made here on accidents in general.

When an accident occurs, the thing to do is, first, to find out its nature and extent as quickly as possible, apply such appropriate remedies as are at hand, and take the patient to a doctor, or home while the doctor is sent for. In finding out the nature of the accident, the appearance and surroundings of the patient give us pretty well the clue to follow. Thus, if a man is seen writhing in convulsions in the street, or sleeping, or unconscious, fits naturally occur to one's mind, and the diagnosis must be made between epilepsy, apoplexy, syncope or fainting, and concussion or shock, all of which will be found fully treated under their headings.

Again, a man falls out of a window, or is thrown from a cart, and he is unable to move an arm or a leg. The probability is, a bone is broken or out of place, when the instructions on **Dislocations** and **Fractures** will give the treatment. If a person has been burned or scalded, the evidence is generally patent; while, if a man is seen lying unconscious, with no signs of any of the different fits, the mind naturally turns to poisoning, and if a bottle is found near him the presumption is strengthened.

It is important to look thoroughly for all these different forms of accident, and not to rest satisfied after finding only one cause. A man may be in an epileptic fit, and also have broken some of his bones in a fall; or, again, syncope or fainting may be the result of bleeding from some part, when, of course, our first efforts would be directed to stanching the hemorrhage.

When the nature of the accident has been discovered, and the first treatment adopted, the next step is to get the patient home, or to the doctor's. If he can walk, good and well; but if he can only walk a little, and with difficulty, he should have support, by throwing



FIG. 1. METHOD OF LOCKING BEARERS' HANDS.

his arm round the shoulder of an assistant, who at the same time puts his arm round the patient's waist. If he is unable to walk, but is fit to be carried, this can be done by the patient supporting

himself on the shoulders of two bearers, who lift his legs by placing their left arms below them, the hands of the bearers being locked in the manner shown in Fig. 1. Or a sedan chair may be improvised by the two bearers facing each other, each grasping his own right forearm with his left hand, and the other's left forearm with his right hand (Fig. 2). The patient

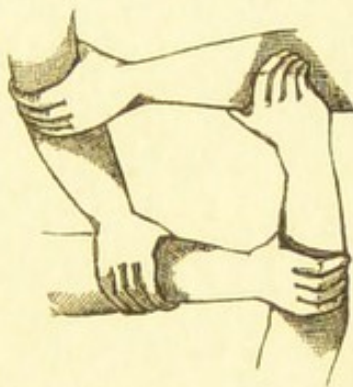


FIG. 2. SEDAN CHAIR.

being seated on this, supports himself as before. If he is unconscious, and has to be carried as a dead weight, this can be done best by placing him on a barrow. If none is at hand, a stretcher may be improvised out of a hurdle, or gate, or door. Another very good way is to take a couple of long poles, and fix a blanket, or sheeting, or something similar, securely between them, on which the patient may be laid. If such cannot be got, he must be carried by two bearers, which may be done in the following way: One, standing between the patient's legs, lifts them below the knees, while the other grasps his head and shoulders. If a third bearer is at hand, he can render assistance by supporting the patient's loins, placing his arms below them. In the case of a street accident, with a broken

leg or thigh, a four-wheeled cab should be obtained, and the patient placed on one seat, with his leg resting on the other; or he may be laid on the floor, with his back supported by one door, and the injured leg projecting out of the other.

See also **Railway Injuries.**

**ACIDITY** (*Gastrodynia, Heartburn*). Acidity is a symptom or form of indigestion due to an excessive secretion of the gastric juice. It manifests itself by a sense of fulness after meals, with a disagreeable acrid taste in the mouth, and a pain of a burning character up the chest. It may be accompanied by a little sickness. The bowels may be costive, or diarrhœa may be present.

A teaspoonful of sal volatile in a wineglassful of water, or 10 grains of bicarbonate of soda dissolved in two tablespoonfuls of water, will usually afford prompt relief. But the rational line of treatment is to attempt a cure by avoiding any articles of diet which may have been observed to have caused an attack, and especially such foods as pickles, vinegar, and salads. To check the excessive secretion of gastric juice, and improve the tone of the stomach, the following mixture should be taken in tablespoonful doses fifteen minutes before meals: Dilute muriatic acid, 2 drachms; spirits of chloroform, 1 drachm; compound infusion of gentian up to 6 ounces.

**ACNE** (*Seborrhœa*). This is a very common affection of the skin. In health the skin is studded over with a multitude of minute glands, called the *sebaceous glands*. They secrete an oily-looking sub-

stance, called *sebum*, and acne is a disease of these glands, attended by an alteration in their secretion. Inflammation is more or less present in all cases of acne. Writers on skin diseases have enumerated many different kinds of acne, but here it is only necessary to describe two varieties—*Acne simplex* and *Acne rosacea*.

**Acne simplex** (*Simple Acne*) is commonly associated with the age of puberty. The chief seat of the affection is the face, where it appears on the forehead and on the sides of the nose. It also attacks the shoulders, and may be seen on the front of the chest. In its simplest form little black spots are seen dotted over the surface of the skin. These black spots denote the orifices of the sebaceous glands. If they are squeezed, an oily-looking substance, of the consistence of a thick thread, oozes out, which has been likened to a worm. It really is the hardened sebum. In more severe cases, inflammation supervenes on these spots, and red blotches, or tubercles, appear. The disease lasts a considerable time, but is amenable to treatment. It is **non-contagious**.

In trying to cure acne, great attention must be paid to the habits of life, which must be regular. Strict teetotalism is to be the rule, and any excess of tea and coffee is to be avoided. Smoking, also, is prohibited. Plenty of outdoor exercise should be taken. The parts affected must be washed frequently every day with a little warm water and soap; and thorough friction with a flannel should be employed. After washing, the little "black-heads" should be squeezed. This is done very

efficiently by applying the point of an ordinary watch-key to them, and pressing it down. After squeezing, a little eau-de-cologne or weak spirits and water should be applied to the parts. As a rule, this is all that is necessary for treatment; but if the disease still prove intractable, a little sulphur ointment may be used.

**Acne rosacea.** This is a disease of advanced life, and is attended with a good deal of inflammation; hence its name. It chiefly affects the sides of the nose and the forehead. It presents an appearance of large, red pimples, with an adjacent inflammation of the skin. Popularly the spots are termed "grog-blossoms," but there is no definite connection between Acne rosacea and over-indulgence in spirits—a fact which may cheer many a sufferer.

In treating Acne rosacea, the same general rules must be followed as were given for simple acne. But more stimulating local applications are necessary, and one of the best is the dilute ointment of nitrate of mercury of the British Pharmacopœia. As debility is generally associated with this variety of acne, it is also well to take a gentle tonic, such as the following: Carbonate of ammonia, 12 grains; tincture of nux vomica, 30 minims; spirits of chloroform, 1 drachm; compound infusion of gentian, up to 6 ounces. Mix, and take two tablespoonfuls three times a day.

**ADDER'S BITE.** See **Bites and Stings.**

**ADDISON'S DISEASE.** Situated above the kidney in the

human body, and closely connected with it, is an organ called the supra-renal capsule, whose exact function is not clearly understood. It is liable to get infiltrated with tubercle, and then a peculiar train of symptoms manifest themselves, which constitute what is called Addison's disease.

The most prominent of the symptoms are: First, a gradual and excessive weakness, without any commensurate loss of strength. In the second place, the skin changes colour, and becomes of a deep brown hue. The colour is quite distinct from that of jaundice, and is generally most pronounced about the face and upper part of the chest.

There is nothing to be done for this disease, except to keep up the patient's strength as much as possible, by appropriate food, and a judicious use of alcoholic stimulants.

**AGUE** (*Intermittent Fever, Malarious Yellow Fever, Remittent Fever, Shakes*). Ague is a specific fever, characterised by coming on in paroxysms. It is a disease of indefinite duration, and very liable to return. It presents itself in two great varieties—*intermittent* and *remittent* fevers—but these shade off into each other. Ague is **non-contagious**, and never occurs in epidemics. It exists all over the globe, in certain places. These places are all low-lying marshes, with a light, porous soil, composed chiefly of decaying vegetable materials. The localities are situated near the sea or a river, and round them the vegetation is very abundant. Ague breaks out in such districts in

certain seasons. In temperate regions, spring and autumn are the dangerous periods, and in the tropics the seasons of drought which follow on the heavy rains. The exciting cause of ague is the absorption into the system of a certain poison, called *malaria*. This poison is most likely inhaled into the system. The poison seems to be given out from the soil, and never to rise to any great height from it. Water, also, absorbs it, so that the opposite bank of a river to the malaria-infested region is free from the poison. Trees, also, prevent the diffusion of the poison. During the night, it is given off far more copiously than in the day. People living in an ague district get acclimated. New settlers are more liable to be attacked if they are weak or debilitated from any cause, such as disease, privation, or hardship. Ague is not very common now in England, being chiefly confined to Essex, Norfolk, and Cambridge, though it used long ago to be **endemic** in London. The intermittent variety is the one most commonly met with in temperate climes, and is very rarely fatal. Remittent fever, on the other hand, is very severe, and often fatal, and is chiefly confined to tropical regions. We will now discuss the symptoms of the two varieties separately.

**Intermittent Fever.** After the absorption of the poison, a varying time elapses before the symptoms manifest themselves. In some cases they appear in the course of twenty-four hours, while in others months may elapse before the onset. But whether the period be long or short, the actual *invasion* of the disease is

marked by suddenness, though in some cases there are premonitory symptoms, in the shape of general *malaria*. In an ague paroxysm there are three well-defined and distinct stages, called respectively the *cold*, the *hot*, and the *sweating stage*.

*The Cold Stage* is the first, and in it the patient complains of an uncomfortable feeling at the stomach, of chilliness, headache, and shooting pains about the limbs. The chilliness increases, till the patient shivers with cold. His teeth chatter, his limbs tremble, and his skin presents a characteristic wrinkled appearance, known as "goose-skin." His face becomes livid; there is great thirst, and loss of appetite, and sickness may supervene. His pulse is full and frequent, and his breathing quick, and accompanied by a peculiar sighing noise. He passes water frequently, and it is clear, and free from all sediment. It is to be noted, that though, subjectively, cold is the prominent symptom, yet actually the temperature of the body is above the average, and often goes up to 104deg. or 105deg. Fahr. The duration of this stage varies from a few minutes to four or five hours. When it subsides, the patient at first feels comfortable, but soon slight flushings manifest themselves, and

*The Hot Stage* is thus ushered in. When fully developed, the patient complains of a feeling of intense heat, and his skin is dry and hot. His breathing is now gentle. Headache is present, and severe. The intellect becomes confused, and delirium may come on. There is still profuse passing of water. This stage varies from

one to five hours, and is succeeded by

*The Sweating Stage*, in which a copious perspiration breaks out, the temperature falls, and the patient sinks into a slumber, from which he awakes refreshed, and feeling perfectly well. After a certain period, during which perfect health is enjoyed, the paroxysm again seizes him, and the same set of symptoms ensue.

*Varieties.* There are several varieties of intermittent fever, which are distinguished from each other according to the length of time which intervenes between the commencement of each attack. When a fit occurs daily, we have *quotidian ague*; when two days intervene between the attacks, it is called *tertian*; and when the interval is three days, *quartan ague*. Tertian is the commonest form met with in Europe. In quotidian ague the paroxysm comes on earlier, and lasts longer, than in the other forms. The average duration of the whole three stages in quotidian ague is eleven hours, in tertian seven, and in quartan five. The cold stage is the shortest in quotidian, and the longest in quartan ague.

The total duration of an ague attack is indefinite. After recovery, the patient may never have another bout, especially if he is removed from the malarious locality. More commonly, however, the attacks recur after an interval which is longer or shorter according to circumstances. In an aguish person, any extra physical or mental strain, or the occurrence of any other illness, as for instance a common cold, may excite a fresh attack of ague.

During an ague paroxysm the

*spleen* becomes very much *enlarged*, and can be easily felt. This is the condition commonly known as *ague-cake*. After recovery, the organ subsides to its usual size; but in persons who have suffered much from ague, the enlargement is permanent. Dropsy and jaundice may also supervene in people who have been subject to ague.

**Remittent Fever.** This form of ague is much more severe than intermittent fever. It is distinguished from the preceding kind by the fact that there is no abatement of the febrile state between the paroxysms. It is generally ushered in by premonitory symptoms of headache, restlessness, chilliness, and shiverings. The cold stage is very short in duration, and often absent altogether. The sweating stage, too, is not so strongly marked as in intermittent fever. During the remission the temperature never falls. The fits get worse and worse for a few days, and then either they abate in severity, or delirium sets in and death ensues.

Intermittent fever is not very apt to be mistaken for any other disease; but some cases of remittent fever might be easily confused with enteric or hectic fevers. In enteric fever, however, in addition to the absence of all the pronounced ague symptoms, we would have diarrhoea present, and a peculiar liquid character of stools. Pain would also be felt in the stomach. Hectic fever, again, is always consequent upon some long, wasting disease, as consumption. The absence of such an affection, then, would lead one to suspect remittent fever.

The treatment of ague falls naturally under three heads. We

have first to try and protect ourselves from ague altogether; but if, unfortunately, we fail in the attempt, we have to consider, first, what to do during the stages, and secondly, the treatment proper for the intervals. In dealing with the preventive treatment, we must bear in mind the character and habits of the malarious poison as already described. Of course, the best preventive would be keep out of an aguish district altogether; but if our evil fate compels us to enter one, we must remember first that ague is more likely to attack the weak than the strong. The moral of this is, that one must keep up one's general strength as much as possible by generous diet and regular life. Then, as the malaria is more active at night, it is wise never to be out after sundown. Again, as the poison does not rise very far from the ground, it follows that we are safer from its grip if we sleep at the top of the house and keep the windows shut. Bearing in mind, further, that water and trees act as absorbents, it would be as well, if it could be managed, to have a river or a lake, or a belt of trees, between one's dwelling and the ague district.

While the ague stages are present, the treatment to be adopted is simply to make the patient as comfortable as possible under the circumstances. In the *cold stage* wrap him up in warm blankets, put hot bricks to his feet, and give him warm beef-tea; in the *hot stage* the reverse of all this is the proper treatment to pursue; and in the *sweating stage* great relief is afforded by sponging the body over with vinegar and water. During all three stages, all stimulants are to be avoided.

Between the paroxysms, quinine is our sheet-anchor. There are two methods of administering it. Either we give one large dose at the end of one paroxysm or just before another is expected, or, on the other hand, we give repeated doses of a smaller quantity in the interval. The latter is, perhaps, the preferable method, and to carry it out the patient ought to take two tablespoonfuls of the following mixture every two hours between the fits: Sulphate of quinine,  $\frac{1}{2}$  ounce; dilute nitromuriatic acid,  $\frac{1}{2}$  ounce; water, up to 12 ounces. It is also good to get the bowels gently opened before the fit begins, and a pill, consisting of 1 grain of calomel and 4 grains of compound rhubarb pill, should be taken before the paroxysm.

**AGUE, BROW.** See **Neuralgia**.

**AGUE-CAKE.** See **Ague** (p. 7).

**AIR-TUBES, DILATED.** See **Bronchiectasis**.

**ALBUMINURIA.** This is a condition in which a foreign substance, namely, albumen, is present in the urine. Albumen is the same thing as the white of an egg (whence its name), and is a normal constituent of the blood. When present in the urine, it shows that there is organic disease of the kidney, although in some cases it appears transiently in the urine of healthy people. It is, then, merely a *symptom* of kidney or Bright's disease, and for a further account of it, the section under **Bright's Disease** should be consulted.

**ALCOHOLISM** (*Drunkenness, Intoxication*). The constant excessive use of alcoholic liquids is well known to be a potent cause of disease. Among the most common diseases due to alcoholic influence may be mentioned a contracted, hardened condition of the liver, known as "gin-drinker's liver" (see **Cirrhosis**), and chronic inflammation of the kidneys. But a persistent continuance in alcoholic excess exercises a deleterious influence on all the organs of the body, and weakens the general constitution. Thus, other things being equal, a man who has freely indulged in wines and spirits has not one half the chance of recovery from an attack of inflammation of the lungs that a teetotaler would have. But alcoholic indulgence excites a train of symptoms peculiar to itself, before actual mischief is set up in any particular organ. The chief of these symptoms are referable to the stomach. They consist in indigestion and loss of appetite, and retching and sickness, especially in the morning, are noticeable features. The bowels, too, are more or less constipated, and piles make their appearance. Another train of symptoms point to the nervous system being affected. The patient is irritable, disinclined to work, his gait becomes feeble, and his limbs tremulous; but the most distressing of these symptoms is a want of sleep. The sufferer cannot sleep at night; what rest he gets is fitful and disturbed by dreams. All these symptoms go on increasing till actual organic disease of some organ is established.

The treatment consists in ab-

solute and life-long abstinence from all alcoholic beverages whatsoever. This must be adopted at once; there must be no gradual "knocking off" or toning down the amount of liquor consumed daily. All alcohol must be stopped, and stopped at once, if there is to be any hope of cure. Where the patient does not feel morally able to exert enough control over himself to do this, he ought to seek retirement for a time in a Home. In other cases residence at a hydropathic establishment will prove beneficial. For the rest, his food ought to consist chiefly of eggs, poultry, mutton, fruit, brown bread, and milk. Tea and coffee should only be taken in moderate quantities. He ought to spend most of his time out-of-doors. His motto must be "Early to bed, and early to rise," and the daily sponge should be had recourse to in the morning. Time and patience will in most cases effect a cure. Many drugs have been vaunted as possessing the power of quenching the desire for alcohol, but all the tales about them are apocryphal. Still, in some cases great benefit is experienced from occasionally taking a dose of a quinine tonic, with some vegetable bitter, such as the following mixture: Sulphate of quinine, 8 grains; dilute nitro-muriatic acid,  $\frac{1}{2}$  drachm; spirits of chloroform, 1 drachm; and compound infusion of gentian, up to 8 ounces. Take two tablespoonfuls of this occasionally. The bowels should also be kept in regular order. If there is any difficulty in this, a dose of some natural mineral water, as Friedrichshall, should be taken occasionally before breakfast.



**ALOPECIA AREATA**

(*Bald Spots, Tinea decalvans*). This is the name given to a not uncommon disease, which affects the hair. It chiefly attacks the hair of the head, but sometimes the beard, whiskers, and eyelashes are affected. It is characterised by the hair falling out in a circumscribed region, leaving a bald patch of circular outline, which is quite unmistakable when fully developed. Its causation is obscure; but it occurs more often in men than women. It is **non-contagious**, and unattended by any signs of ill-health. It is very chronic in progress, and is apt to recur. In most cases, after a longer or shorter period, a cure is effected, but sometimes permanent baldness results.

The treatment is purely local, and consists in applying stimulants to the affected part. Iodine liniment and the vinegar of cantharides form the best applications. Sometimes one remedy does good, and sometimes another. Acetic acid has been recommended. Benefit is often experienced by having the part regularly shaved.

**AMAUROSIS.** This term is used by oculists to indicate those cases of blindness which are due to some disease of the brain or spinal cord, or some other causes apart from actual disease of the eye itself. The discussion of the symptoms and the treatment of amaurosis is foreign to the object of this work, and an ophthalmic surgeon must be consulted in all cases.

**AMENORRHŒA.** Amenorrhœa is suppression, or absence,

or scantiness, of the monthly discharge in females. This may be due, first, to malformation or absence of the organs, which requires a surgeon to diagnose and treat. Secondly, it may be brought on by colds or chills. Again, it is frequently associated with constitutional and wasting diseases, as consumption, anæmia, and Bright's disease.

The appropriate treatment of amenorrhœa resolves itself into discovering the cause and treating that accordingly. As a rule, iron in one of its preparations is advisable. But nothing ought to be done except under medical advice.

**AMYLOID DEGENERATION.** See Degeneration.

**ANÆMIA** (*Chlorosis, Green Sickness, Leukæmia, Paleness, Watery Blood*). Anæmia is a watery condition of the blood, in which there is less of the solid and corpuscular element present than naturally. Chlorosis is a term used to designate a special form of anæmia occurring in young girls about the age of puberty. But there is no essential difference between anæmia and chlorosis.

The causes of anæmia are various. Simple loss of blood from any accident may cause it. It may be the result of some other constitutional disease—as cancer, or consumption, or Bright's disease. Deficient supply of sunlight may cause it, and hence dwellers in large towns are more subject to it than country folk. Any long-continued discharge, as from a chronic abscess, may also produce anæmia. In women, the presence of "the whites" is a frequent

cause of anæmia. It is also apt to be associated with the age of puberty, and it is then accompanied by symptoms of irregular menstruation.

The most prominent symptom of anæmia is an excessive pallor of the skin and the mucous membrane of the lips. The skin sometimes assumes a waxy hue, and, in advanced cases, a peculiar greenish tinge is observed. This latter phenomenon is the origin of the term "chlorosis," which is simply a Greek word meaning greenness. There is not any loss of flesh, but there is marked debility. The patient is listless and languid, and very little exertion soon tires him. Indigestion is always present to a certain extent. Pains in the stomach are complained of, and the appetite fails. Associated with this, especially with women, is constipation. Women are notorious for their neglect of the function of the bowels, and, in chlorotic cases, relief is not sought for for days together. Another very common symptom is a puffiness and weakness about the ankles. Palpitation and breathlessness after exertion are also very frequent concomitants of anæmia. Lastly, in severe cases, general dropsy may supervene.

The treatment of anæmia depends first upon the cause, which we try to remove or ameliorate, and, accordingly, if the anæmia be due to consumption or Bright's disease, or any such complaint, the treatment appropriate to it must be followed out. In the second place, we must direct our attention to the anæmia itself. An open-air life should be enjoined, and the diet must be plain

and plentiful. Stimulants are to be avoided. The bowels must be regulated, and, if constipation be present to a marked degree, the following pill may be taken at bed-time: Aloine,  $\frac{1}{2}$  grain; extract of nux vomica,  $\frac{1}{2}$  grain; sulphate of iron,  $\frac{1}{2}$  grain; myrrh,  $\frac{1}{2}$  grain; extract of belladonna,  $\frac{1}{2}$  grain; and soap,  $\frac{1}{2}$  grain. But pills and aperients should be avoided as much as possible, and, if the patient takes regularly a plate of oatmeal porridge for breakfast, and always eats brown bread, the bowels will act satisfactorily of themselves. Lastly, we have a drug in iron or steel which has a marked action in curing anæmia. It must be taken for a prolonged period, and the best time to take any form of iron is after meals: there are various ways of administering it. In "Fer Bravais" we have a patent medicine which is a very efficient and agreeable remedy. If one prefers to have one's own prescription, two tablespoonfuls of the following mixture three times a day is a capital medicine: Tincture of steel,  $1\frac{1}{2}$  drachms; chlorate of potash, 1 drachm; solution of acetate of ammonia,  $\frac{1}{2}$  ounce; glycerine, 1 ounce; and infusion of calumba, up to 8 ounces. This mixture is sometimes apt to confine the bowels, and, if that be the case, the aloine pill prescribed above should be taken occasionally at bedtime. Another very good way of administering iron is the following formula, which has also this advantage, that it does not tend to constipate: Citrate of iron and ammonia, 2 drachms; spirits of chloroform, 1 drachm; tincture of calumba, 2 drachms; water, up to 8 ounces. Two tablespoonfuls

of the mixture to be taken three times a day. Of the two, the former prescription is, however, the more valuable in the majority of cases. When there is great debility, quinine may be added to the iron, and the following "quinine and iron tonic" may be taken: Sulphate of iron and sulphate of quinine, of each 8 grains; dilute sulphuric acid, 1 drachm; sulphate of magnesia,  $\frac{1}{2}$  ounce; glycerine, 1 ounce; and infusion of quassia, up to 8 ounces. The dose of this is the same as the others—two tablespoonfuls three times a day.

**ANÆSTHETIC LEPROSY.** See **Leprosy.**

**ANASARCA.** See **Dropsy.**

**ANEURISM.** By an aneurism is meant a swelling or tumour of an artery, caused by a bulging-out of the arterial walls at the side of the tumour. The interior of an aneurism contains blood, and it communicates with the artery. In course of time, the blood contained in the aneurism may form a clot. At first an aneurism is small, but it gradually increases in size. If its increase in growth is unchecked by nature or art, the tumour may finally burst and the patient die of hæmorrhage.

The exciting cause of an aneurism is some sudden violent muscular exertion, causing a strain to be thrown on the system. It occurs more frequently in men than in women, and is also a disease of advanced life. Before the muscular strain can give rise to an aneurism, it is necessary that the walls of the artery be

weakened at the spot from which the aneurism springs. This cause is generally found in a degeneration of the arterial tunics, which occurs in advanced life, and consists in a softening of the coats, thus diminishing their elasticity, and making them less able to resist any increased shock. A little rupture is easily made, and this is the starting-point of the aneurism.

An aneurism may form in any artery of the body. It is most frequently seen, however, in the axillary artery, which courses along the armpit, the popliteal, which is found in the ham, and the aorta, or great primary arterial trunk, springing directly from the heart, and running down the chest and abdomen. Aneurisms of the aorta are called *internal aneurisms*, to distinguish them from the former aneurisms, which are designated *external*. External aneurisms fall under the surgeon's care, while the internal belong to the physician's domain.

The first symptoms of an aneurism may be very slight, or almost *nil*; but as time goes on, they become more apparent, and when at last a distinct swelling can be felt and seen, its nature is easily detected by a practised eye. The symptoms of aneurism fall under two great heads. The first of these comprises those symptoms due to the aneurism as an aneurism, and the second division includes those signs which are caused by the fact of the aneurism being a tumour, and pressing by its growth on neighbouring parts. Hence they are generally referred to as *pressure symptoms*. The chief symptom of the first class is that an aneurism is a

*pulsating* tumour, occurring over an artery. With each beat of the heart it rises. Grasped firmly by the hand, the walls of the tumour are felt to expand with each pulsation. Sometimes by firm pressure on the tumour it can be emptied of all its blood. Again, if a tight ligature is tied round the limb above the tumour (that is, nearer the heart), the pulsation is lost. These symptoms are most prominent with the external aneurisms. Aneurism of the aorta, from the deep situation of that vessel, must generally have attained a considerable size before giving rise to any of these signs, and in these cases the *pressure* symptoms are generally those which excite our suspicions. These pressure effects of aneurism, of course, vary with the seat of the tumour. The pressure is generally upon some neighbouring nerve, whose function thus gets disordered. In internal aneurism in the chest, the chief signs are difficulty of breathing and pain in swallowing. When the aneurism is in the abdomen, we have various signs of indigestion. Dropsy of the legs sometimes supervenes, from pressure on the great venous trunks obstructing the return of the blood.

An abscess is the disease most likely to be confused with aneurism. It is often very difficult to distinguish them. To do so we must remember that an aneurism always occurs over an artery, so that if there is a swelling where no artery exists in the body it cannot be aneurism. But an abscess may form over an artery. And here we have a fluid tumour, which may rise with each beat of the heart, thus simulating the pulsation of

an aneurism. But if it is firmly grasped with the hand, the *expansive* character of the aneurismal pulsation is absent in the case of an abscess; moreover, an abscess can never be emptied by pressure. Again, a ligature tied higher up than the tumour would have no effect at all on an abscess. Lastly, in an abscess we have the distinct symptom of *fluctuation*, as described under the heading **Abscess**, which is absent in an aneurism. The history of the case, too, assists us in coming to a diagnosis. In abscess there would be previous symptoms of inflammation, which are absent in aneurism.

The various methods by which the surgeon tries to cure an aneurism are too complicated to be detailed here. But there is one method which can be tried at home, and that is *absolute rest* and low diet. The patient must be kept entirely in bed, and free from all excitement. He must see no friends, talk very little, and read nothing. The diet must be very low, as will be seen from the following table: 2 ounces of bread for breakfast and supper, and 2 ounces of meat for dinner, are all that can be allowed. No stimulant of any kind must be taken; any liquid must be given in very sparing quantity, and 3 or 4 ounces of milk, or of milk and water, are the most that can be given in the twenty-four hours. This plan of treatment must be persevered with for a considerable length of time, if any benefit is to be derived from it. In addition, the administration of iodide of potassium is said to have a beneficial effect; and two tablespoonfuls of the following mixture may

be taken three times a day, while undergoing this treatment: Iodide of potassium, 1 drachm; simple syrup, 1 ounce; water, up to 8 ounces. The bowels also should be kept freely open with Hunyadi Janos Water, taken before breakfast. If no benefit follows this plan, advice should be sought at once.

In case an aneurism bursts suddenly, the remedies for arresting hæmorrhage should be resorted to at once. See **Hæmorrhage**.

### ANGINA PECTORIS

(*Breast-Pang, Spasm at the Heart*). This distressing disease is a form of neuralgia of the heart, characterised by the occurrence of sudden fits of breathlessness, accompanied by great pain, and a feeling of impending suffocation. Its exact pathology is obscure. Suffice it to say that the heart itself shows no signs of disease in these cases. During the fits it seems that the arteries over all the body are contracted, so that there is a great obstacle to the flow of blood through them. This phenomenon is a constant accompaniment of an attack of angina, though it is not at all certain that it is the cause of it.

Angina is a disease of middle and advanced life, being rarely, if ever, seen below the age of forty-five. Men seem more subject to it than women. Nothing is known of any causes which may tend to bring on angina. The actual exciting cause of a paroxysm of angina is generally something that tends to upset the equilibrium of the circulation. This may be the result of mental emotion or excitement. Physical exertion and fatigue may bring on a fit. Thus,

a long walk or a climb up hill is a very frequent cause of angina. A sudden change of temperature, as experienced, for instance, by going out into the cold air from a hot room, may start a paroxysm. Lastly, indigestion, from over-eating or over-drinking, may bring it on.

The symptoms of a paroxysm of angina are almost unmistakable and very distressing. The patient is suddenly seized with a difficulty of breathing, and a feeling of great constriction round the chest. He gasps for breath, and feels as if he were going to be suffocated then and there. The face assumes a very anxious look; it becomes pallid also, and the feet and hands feel cold. These remarks apply, of course, to a typically developed paroxysm, and the symptoms vary in intensity with different patients. The length of time a fit lasts, too, varies from a few minutes to an hour. The fit may end by the patient fainting away altogether, and sometimes convulsions ensue. The pain that is experienced in Angina pectoris affects the chest over the heart, and has a tendency to radiate thence along the inside of the left arm.

In many cases paroxysms of Angina pectoris appear again and again at regular intervals. As time goes on, these intervals become shorter, and the fits break out on slighter provocation. Death rarely ensues in a paroxysm, but the disease has a tendency to shorten life by gradually wearing out the strength of the sufferer.

In the treatment of the paroxysms, we have, fortunately, a remedy of great value in nitrite of amyl, a pale liquid with a strong odour. Five or six drops

of this, poured on a handkerchief and inhaled, afford almost instantaneous relief. During the intervals, of course, the patient's general health should be maintained, and he should avoid everything which experience has taught him may bring on a fit.

### ANGULAR CURVATURE

(*Potts' Curvature*). This is a disease of the spinal column due to ulceration of the bodies of the vertebræ, which results in their disintegration; hence they fall together, and curving of the column is the result. It is indicative of a scrofulous constitution.

The first symptoms noticed are weakness and numbness of the legs, which go on to paralysis. Pain is not generally complained of, but if a sharp tap be given with the knuckles along the spinous processes, the symptom may be elicited at the diseased spot. Chronic abscesses usually accompany the complaint. In some cases, recovery takes place in the course of two or three years, but deformity is always left. In other cases, death results from pressure on the spinal cord, or from exhaustion consequent on the discharge from the chronic abscesses.

In the treatment of curvature, absolute rest in bed is the first essential, but the patient must not lie on his back. Mechanical support should also be applied, but this can only be done by a surgeon. Constitutional remedies, in the shape of cod-liver oil and steel, should also be given.

**ANIMATION, SUSPENDED.** See **Suspended Animation.**

**ANKLES, WEAK** (*Flat Foot*). This is a deformity of the ankle joint and foot, due to a weakness of the muscles of the leg. The sufferer walks more on the inside of the foot than usual; the arch is lost, and in severe cases great pain and lameness are evinced in walking.

In nearly all cases, a well-fitting bandage applied over the ankle affords great relief. Sufferers from weak ankles should have their boots made with high heels, and the inner edge of the heel higher than the other. In severe cases, a special form of boot is necessary, which can be obtained at the instrument maker's.

**ANTHRAX.** See **Carbuncle.**

**ANUS, ITCHING AT THE.** See **Itching at the Anus.**

**APHASIA.** This is a peculiar disease, in which the power of intelligent articulate speech is lost. It is due, not to any impairment in the larynx, or muscles and nerves of articulation, but to disease of the brain. It is generally sudden in its appearance, and is often the result of a stroke, and associated with paralysis of the right side.

The causes of aphasia are unknown. The faculty of articulate speech is supposed to be located in the left half of the brain, and this would explain the frequent association of aphasia with right-sided paralysis.

Aphasia presents itself in all forms of severity. Sometimes the patient is unable to utter any words at all, or to write down

what he wants. There is a total loss of connection between the spoken word and the idea. In other cases he is able to utter one or more words, but they are all disjointed, and have no relation to the ideas he wishes to convey. Numerous examples are given of this inability to convey sense by words, which would be very amusing if we did not remember it was caused by disease. Sometimes the patient can only swear, and says, "Damn it!" to everything that is said to him. In other cases he uses one word, as "Bob," or "fool," and nothing else can be got out of him. With this loss of speech the intellect is unimpaired, and he can play games of skill like cards, and cheat even, as well as any healthy member of the race.

The only treatment that can be applied is perfect rest of mind and body. A medical man should always be consulted at once in a case of aphasia.

**APHTHÆ.** See **Thrush.**

**APNŒA.** See **Asphyxia.**

**APOPLEXY.** An apoplectic fit, or a "stroke" or "seizure," as it is sometimes called, is the result of an effusion of blood within the brain. This is due to the bursting of a small vessel, or of an aneurism, though it may also be caused by direct violence, as from a severe blow on the head. It is nearly always a disease of advanced life, or if it comes on in the prime of manhood, it will generally be found that the sufferer is the victim of some wasting disease, such as Bright's, or that he has been a free liver.

The distinction between *sanguineous apoplexy* and *serous apoplexy* is pathological: the symptoms and treatment of both are the same.

The immediate cause of a fit is generally some mental excitement or emotion; but in many cases the stroke is gradual in its appearance. The patient has warnings of what is going to happen, in the shape of headache, confusion of intellect, giddiness, dimness of sight and double vision, and bleeding at the nose. In other cases, the first signs of the coming storm may be a slight form of paralysis; he suffers from loss of memory, or he cannot articulate with fluency, or there may, indeed, be a numbness and tingling, and loss of muscular power, in one of the limbs. In other cases, he is suddenly stricken down, to the awe of all the on-lookers.

However its onset may be, the symptoms of a fully-developed apoplectic stroke are the same. The patient lies on his back unconscious of all around him. His breathing is hurried and difficult, and accompanied by a blowing noise. The cheeks are drawn in and out with each breath. The pulse is full, but slower than natural. When a limb is lifted by a bystander, it falls back again like a lifeless thing. The patient cannot be roused by shouting to take any heed of what is going on. If any fluid is poured into the mouth, it dribbles out again at the sides of the lips, for he is unable to swallow. If a light is brought near the eyes, the pupils do not contract. The pupils, too, if examined, will generally be found to be normal,

or sometimes one is more widely dilated than the other. In fact, the sufferer lies an insensate object, in a pitiable sleep from which it is impossible to rouse him.

The duration of the fit may be for a few minutes only, or it may last hours or even days. It may end in death, or the patient may gradually recover to find himself partially paralysed; or, in more favourable cases, he may awaken and feel almost himself.

The apoplectic fit has to be carefully distinguished from insensibility caused by opium poisoning and alcoholic intoxication. The history of the case, if it can be got, will sometimes aid us in arriving at a conclusion. The patient may be known to have had some great trouble on his mind, likely to make him, in a fit of temporary mental aberration, try to do away with his life by poison; or, again, he may be known to be a free drinker, or even a drunkard. But it is well to remember that apoplexy may supervene on the top of a heavy drinking bout, so that we have the two conditions present together; but, in a great many cases, we have no former history of the case to aid us in arriving at a conclusion, and we must be guided by the present symptoms. In opium poisoning the insensibility is rarely so deep as in apoplexy, and the patient can generally be roused by shouting at him. The breathing, too, is soft and gentle, not laboured and noisy. The pulse is slow, soft, and weak. The pupils will be seen to be contracted, and, when the opium lethargy is deep, they may be as small as a pin's head. In a

drunken fit, again, the smell of spirits can generally be detected from the man's breath, or in his vomit, if he has been sick; he, too, can be roused to a certain degree. There is no noisy breathing. The pupils are normal, and never unequally dilated as is often the case in apoplexy. His general attitude, too, does not denote an insensibility so deep as the apoplectic patient exhibits.

The treatment of an apoplectic fit is simple. Let the man lie on his back with his head raised a little. Loosen his collar and shirt, and let fresh air have free access to him. Open any shut windows, and do not let the bystanders crowd round and overhang him. Put compresses of the coldest water obtainable round his head. If the hair is long, cut it short. If ice can be got, apply it to the head. Put a mustard plaister on the calf of each leg. Do not give him brandy or anything else by the mouth. Let him lie as quietly as possible till he wakes.

**APOPLEXY, HEAT.** *See Sunstroke.*

**APPETITE, LOSS OF.** *See Loss of Appetite.*

**ARACHNITIS.** *See Meningitis.*

**ARM, FRACTURED.** *See Fractures.*

**ASCARIDES.** *See Worms.*

**ASCITES.** *See Dropsy.*

**ASIATIC CHOLERA.** *See Cholera.*



**ASPHYXIA** (*Apnœa*). This is nothing else than suffocation, from atmospheric air being prevented from entering the lungs. The cause may be disease, as when the air-cells are blocked up in pneumonia. Inhaling noxious and poisonous gases may cause it. It is also the mode of death in drowning and hanging—generally in the case of suicides.

The treatment consists in removing the cause and trying to restore the circulation, as described under **Suspended Animation**.

**ASTHMA.** This is frequently manifested as a complaint secondary to some other affection, as bronchitis; but it is also a disease of itself, and exists independently of any other. It is then called *spasmodic asthma*, and its characteristic feature is a paroxysm of breathlessness caused by a spasm of the bronchial tubes, which prevents the ingress of atmospheric air to the lungs. Cold or chill may cause an attack to come on. Indigestion, again, is a common cause of asthma. In other cases we find it produced by the inhalation of certain vegetable or animal substances floating in the air. *Hay asthma* or *hay fever*, as it is called, is an example of this, and comes on at the haymaking period, when the pollen is floating about the air. Mental emotion or nervous excitement may also produce asthma.

Asthma is a disease of middle and advanced life. It rarely appears before the age of ten. It is distinctly a hereditary disease. When once it appears, it generally remains as a constant companion, though in cases where it is developed early, there are more hopes

of the patient's outgrowing it. Asthma is a disease of the night, and generally manifests itself between three and six in the early morning. It has a *periodic* tendency—that is to say, when once established, it tends to return at regular intervals and at the same hour. An asthmatical attack lasts a varying time, from a few minutes to an hour or two: its average duration is from ten to thirty minutes.

The symptoms come on suddenly, though in some exceptional cases the sufferer may have some warning signs. But sudden onset is the rule. The patient wakes up from sleep, with a feeling of tightness across the chest. This increases in severity, and is accompanied by a wheezing noise in the tubes. He gasps for breath, and sits up in bed. When the attack is at its height, his face presents an anxious appearance; it is livid; he cannot speak or move. In some cases he manages to crawl out of bed, and steadies himself by holding on to the back of the chair. He thus fixes all his respiratory muscles. He throws back his head, and raises his shoulders, and then tries to overcome the bronchial spasm. The fit generally ends by coughing up some mucus, and a profuse perspiration breaks out all over the surface.

An asthmatic patient should be very careful about his diet, and late suppers must be absolutely forbidden. Any specific article of diet which experience has taught him produces an attack, should of course be rigorously avoided.

There is no medicine which can cure asthma. Although there are many remedies which greatly

alleviate the attack, there is no specific which answers equally well in all cases. The patient must find out by trial for himself what suits him. In some cases smoking a pipe of tobacco, in others taking a glass of strong whisky, will ward off the symptoms. Stramonium leaves, again, are very useful in many cases. They can be procured made up in cigarettes to be smoked. Lobelia is another medicine which acts like a charm with some people: it may be made up as in the following prescription, a tablespoonful of which should be taken every ten minutes during an asthmatical attack till relief is obtained: Tincture of lobelia, 1 drachm; spirits of chloroform, 1 drachm; water up to 6 ounces. There is a patent preparation called Himrod's Powder, which is often of great benefit to asthmatics. A little of it is burnt in the room, and relief is afforded by the inhalation of the fumes. It is to be procured from any chemist, and full directions for using it accompany each bottle. Nitre paper burnt in the room is another simple remedy of the same class. The paper is prepared by soaking thick blotting paper in a saturated solution of nitre in water. When the paper is dried, it is cut in slips; one of these slips, placed in a plate, is set on fire and the fumes are inhaled.

**ASTIGMATISM.** This is an anomaly of sight too complicated to be entered into fully in this work. It is an error in the refraction of the eye, due to a want of symmetry in the meridian of the eye. It may be congenital, and due to the formation of the eye, or the result of wounds or

ulcers. It manifests itself by the fact that while certain points in an object are clearly seen, neighbouring ones are confused and blurred. To remedy this defect proper spectacles should be worn.

**ATHEROMA.** Atheroma consists in a fatty degeneration of the walls or coats of the arteries. The effect of this is to make these tubes less elastic, and more prone to diseases like aneurism. The general nutrition of the parts supplied by atheromatous vessels suffers, and these parts are consequently more liable to the diseases of degeneration.

**ATROPHY.** Atrophy means simply the wasting of a tissue or an organ, which consequently decreases in bulk. It may be the cause of disease, or may be consequent on disease.

The treatment of atrophy must be directed towards the organ that is affected. The general rule of home treatment is to increase the nutrition of the body by generous diet and tonics.

**ATROPHY, PROGRESSIVE MUSCULAR.** See Progressive Muscular Atrophy.

**AURAL VERTIGO** (*Menière's Disease*). In this affection the prominent symptom is a feeling of giddiness, associated with noises in the ear. The disease is due to a lesion of part of the extremely intricate machinery of the internal ear, the semi-circular canals. It is sometimes ushered in by deafness and earache; but, as often as not, these forewarners are absent, and

the patient is suddenly seized with vertigo, and complains of the noise in his ear. Associated with these sensations we may have symptoms of cardiac failure, amounting, in some few cases, to actual fainting; and nausea is nearly always present, which may end in retching and sickness. The attack only lasts a few minutes, and then the patient feels all right again. But sooner or later he is seized again by the same symptoms, and the fits recur at gradually shortening intervals.

The treatment consists in improving the patient's health by the administration of quinine wine and prescribing a liberal diet. There is no remedy to cure the disease. During the fit, the patient gets most relief if he lies down. If fainting supervene, the remedies for restoring the heart's action should, of course, be at once applied. See **Fainting**.

**BAKERS' ITCH.** See **Eczema**.

**BALDNESS.** Loss of hair is one of the signs of advancing years. Very little is known of the causes that predispose to baldness, but anything that tends to weaken the nutrition of the hair may be said generally to help to cause it. Among such causes may be specially noticed the two common customs of frequently wetting the hair, and wearing smoking-caps indoors. Another very prejudicial custom is the common one, in the present day, of putting nothing on the head. This deprives the hair of any nutriment. A little sweet oil or lanolin should be rubbed well

into the roots of the hair twice a week at least. When the hair begins to fall off in consequence of age, little good can be done by the use of the various stimulating liniments sold in the shops.

The hair sometimes falls off in consequence of constitutional weakness, or during convalescence from fevers. Suckling women, too, are prone to lose their hair. In treating this condition, tonics, such as quinine and iron, should be given. A little of the following lotion should also be rubbed into the roots of the hair every night: Glycerine of borax, 1 ounce; spirits of camphor, 2½ ounces; tincture of bark, ½ ounce; blistering fluid, 1 drachm; oil of rosemary, ½ ounce; oil of lemons, 8 drops; and oil of sweet almonds, 1½ ounces.

In some cases, the hair falls off in one circumscribed patch. This condition is described under the heading **Alopecia areata**.

**BANTINGISM.** See **Obesity**.

**BARBADOES LEG.** See **Elephantiasis**.

**BED SORES.** When a person has been confined to bed for a long time from any cause, the skin over the hips and loins is apt to become thinned from the pressure, and after an interval has elapsed, excoriation takes place, and an ulcer soon forms. If unchecked, this ulcer burrows deeper and deeper into the tissues, till at last the bones may be exposed. Such ulcers are called bed sores, and are liable to occur in any one. But those who have thin skins are more apt to suffer than

those who are protected with a thicker covering. The aged, whose vitality is very low, are also very prone to be speedily attacked by bed sores when confined to bed, and in them the process of healing is very intractable.

Our aim in treatment is first to prevent bed sores from forming, and secondly, if prevention fails, to heal as speedily as possible. With the view of preventing their formation, we try to harden the skin over the parts most exposed to pressure, and also to relieve the pressure by mechanical means. In order to harden the skin, a little whisky or brandy, or any spirits, should be rubbed gently into the cuticle over the hips and lower part of the back every night. This process should be commenced at the very beginning of an illness that is likely to confine the patient to bed for any considerable period. Scrupulous cleanliness must also be practised. After the rubbing is over, a little flour or starch, or violet powder, or simple oxide of zinc, must be dusted well over the parts. The position of the patient should be frequently changed during the day.

When the skin begins to look thin, mottled, and sodden, we have the first warning of the formation of a bed sore. Friction with spirits should be discontinued immediately, and mechanical means must be resorted to to relieve pressure. Air cushions are made for this purpose, to be placed beneath the patient, and are very useful. A very efficient cushion can be made by inclosing a layer of cotton wool between two folds of lint, and then cutting out a hole corresponding in size to the

part to be relieved, and placing this below the patient. If all these means fail, and the skin breaks, a slough forms, which should be encouraged to come away by means of poultices of linseed meal. The wound should also be washed out three times a day with a weak solution of carbolic acid (one in forty), or of Condy's Fluid. After the slough has separated, we must endeavour to promote healing by the application of zinc ointment to the wound.

**BED-WETTING.** See *Bladder, Diseases of the.*

**BEEs AND WASPS, STINGS OF.** As a rule, these accidents do not occasion much anxiety; but in some cases, and especially in children, severe constitutional depression, or even fainting, may be the result if the stings have been inflicted by a number of bees. In other cases, when an insect has been accidentally swallowed by being hidden in a fruit, and the sting has been applied to the back part of the throat, severe swelling of the parts sets in, causing great difficulty of swallowing and breathing, which may amount to suffocation.

In the case of ordinary stings, the sting ought to be extracted from the part—if it has been left in—and a weak solution of ammonia applied to it. When the throat has been stung, gargles of hot salt and water should be used, and compresses of cold water applied externally. If these fail to give relief, the surgeon will have to make an opening into the windpipe.

**BELLYACHE.** See Colic.

**BELLY, SWOLLEN.** See Flatulence.

**BILIARY CALCULUS.**  
See Gall-stone.

**BILIOUSNESS** (*Liver Complaint*). This is a complaint of which most people, unfortunately, have more or less actual experience in these days of over-work and over-feeding. It is due to functional derangement of the liver. That organ is not actually the seat of any organic disease, but from some cause or other it gets congested, and unable to perform its duty. The function of the liver is to pour out bile, and the use of the bile is to emulsify the food in the intestines, in order to render it more easily assimilable, and also to get rid of the undigested parts, for the bile is a purgative. It is also an antiseptic, and when it is absent fermentation takes place in the contents of the bowels, and gas and wind are evolved.

The causes of liver complaint are numerous, but foremost among them may be placed over-indulgence in eating and drinking. We eat too much nowadays, and what we eat is generally unwholesome. Highly-spiced dishes, *entrées*, rich and sugary preserves, are all apt to upset the digestion. Again, over-indulgence in alcoholic stimulants will infallibly put the liver wrong. Those liquors which contain much sugar are most apt to disagree, and hence, beer is more injurious than wine, and wine than spirits. Insufficient outdoor exercise, especially if combined with over-feeding and

over-drinking, is another potent cause of liver derangement. Residence in hot climates, such as that of India, is said to predispose to biliousness, but there is more reason to believe that it is really due to improper diet. Englishmen who go to India live very much the same as they do at home, and then put their illness down to the climate. Lastly, it must not be overlooked that worry of any kind, especially mental, is likely to result in biliousness.

The symptoms of biliousness are well known. The tongue is coated with a creamy fur, the appetite is lost, and there is often a bitter taste present in the mouth, especially in the morning. Flatulence is also complained of. The bowels are generally constipated, and the motions are of a lighter colour than natural. There is a feeling of weight over the region of the liver, and often a dull, aching pain in the right shoulder. Piles are frequently present. Head-ache is a more or less constant symptom. Sleeplessness is the invariable companion of biliousness. The animal spirits are very much depressed, and the unhappy victim takes a very mournful view of things in general.

In the treatment of biliousness the diet should be carefully regulated. All rich foods ought to be avoided. Broths, beef-tea, fish, and mutton, should form the staple articles of food. No liquor should be drunk, but milk and soda alone must be indulged in. Walking or riding exercise should be taken. In the medicinal treatment, we aim at stirring up the liver to secrete the bile and clear out the

bowels. Saline aperients do this most effectually; sulphate of magnesia (Epsom salts), tartarated soda, and citrate of magnesia, are examples of these. The last-named makes an effectual and pleasant aperient. There is no good in wasting money over fanciful and expensive "salts" and "salines," for citrate of magnesia is as good as any of them. A seidlitz powder is also a good aperient. All these should be taken in the morning. The natural mineral waters, too—as Hunyadi-Janos, Friedrichshall, and others—are good liver stimulants; but one of the best drugs for the treatment of biliousness is mercury, which can be taken in the form of our good old-fashioned friend "blue pill." Take one at night, and follow it up with a dose of citrate of magnesia, or a seidlitz powder, or a black draught, in the morning. The following is a prescription for black draught: Sulphate of magnesia,  $1\frac{1}{2}$  drachms; tincture of senna,  $\frac{1}{2}$  drachm; compound tincture of cardamoms, 20 drops; spirits of chloroform, 20 drops; and infusion of senna, up to  $1\frac{1}{2}$  ounces. While a bilious attack is in its acute stage, alteratives and antacids are of great benefit, and examples of these remedies are found in soda and rhubarb. Dandelion (or taraxacum) and podophyllin have also their advocates. A mixture such as the following should be taken till the acute symptoms have passed off: Bicarbonate of soda,  $1\frac{1}{2}$  drachms; tincture of rhubarb, 1 drachm; juice of taraxacum, 1 drachm; spirits of chloroform,  $1\frac{1}{2}$  drachms; cinnamon or peppermint water, up to 8 ounces: two tablespoonfuls of this to be taken three times

a day. When convalescence is established, tonics are of little good, but a change of air and scene will often work wonders. Nitro-muriatic acid is often recommended in this stage, and it may be taken in combination with nuxvomica as in the following mixture: Dilute nitro-muriatic acid, 1 drachm; tincture of nuxvomica, 1 drachm; syrup of oranges,  $\frac{1}{2}$  ounce; and water, up to 8 ounces. The dose of this is two tablespoonfuls three times a day.

**BITES AND STINGS.** The chief element of danger in bites and stings arises from the fact that they are all more or less poisonous; for, of course, a non-poisonous bite or sting would simply be treated as an ordinary wound. The principal bites that are met with are those inflicted by rabid dogs, and for a full discussion of that subject the paragraph **Rabies** must be consulted. The effects of "stings," as they are popularly, though erroneously, called, of different serpents vary, but the constitutional symptoms produced in nearly all cases are those of more or less syncope.

The treatment of these cases resolves itself first into trying to prevent the poison from entering the system by tying a ligature above the wound, by sucking the wound and encouraging bleeding, and by cauterising it with nitrate of silver, carbolic acid, or the actual cautery. The nitrate of silver is sold by the chemists in little pencils, and may be painted over the affected part; or 10 grains of the crystals may be dissolved in 1 ounce of water, and the solution applied to the wound with a brush, a quill-pen feather, or

on a piece of cotton or a handkerchief. Carbolic acid may be applied in the same way, in the strength of forty, to one of water. The actual cautery may be applied by heating a darning-needle to red heat, and applying it to the part. To combat the constitutional effects, stimulants should be freely administered. For an adult, a glass of brandy, with half a teaspoonful of sal volatile, should be given at once, and repeated in fifteen minutes, if necessary. *See also* **Bees and Wasps, Stings of.**

**BLACK EYE.** This is simply a bruise of the eye, and the discoloration is due to the rupture of the capillary vessels letting out the blood. The changes the colour undergoes are due to the gradual absorption of the effused blood.

The treatment simply consists in applying cold compresses to the part. If ice can be got, it should be used; but if not, lint soaked in cold water does perfectly well. The application of raw meat is said to have a beneficial effect. Painting the part with tincture of arnica is also a popular remedy, but it is of doubtful value, and should never be adopted if there is any cut or abrasion of the skin.

**BLACK VOMIT.** *See* **Yellow Fever.**

**BLADDER, DISEASES OF THE.** The bladder is subject to inflammation and other organic diseases, which are described under their proper heads, and also to cancerous and other tumours. But in addition to these there are one or two functional derange-

ments, which merit some attention.

**Bed-wetting, or Nocturnal Incontinence,** is a frequent source of trouble with delicate children. It is sometimes due to the presence of worms, which must be removed. In other cases it is due to debility. The treatment consists in carefully establishing the child's health by suitable tonics, and attending carefully to his habits. He should be awakened every night about eleven o'clock, and made to get up and pass water. Sometimes bed-wetting occurs only when the child lies on his back, and this may be obviated by tying a cork to his back, which wakens him up every time he turns on to it. Lastly, we have in belladonna a drug which exercises a powerful influence in checking this habit. It should be given in the form of the following pill at bedtime: Extract of belladonna,  $\frac{1}{6}$  grain; soap powder, 3 grains; but the effects of this should be carefully watched.

**Irritability of the Bladder.**

The chief symptom in this complaint is that the patient is troubled with a frequent desire to urinate. He never seems to empty his bladder. This condition may be due to an irritating state of the urine, or, in children, to the presence of worms in the bowels. In these cases the remedy is to remove the cause. Often, however, and especially so when it occurs in adults, it is due simply to nervousness, when the administration of nux vomica for a lengthened period of time may prove beneficial. A drachm of the tincture may be added to 6 ounces of water, and two table-

spoonfuls taken three times a day. Again, in many cases, debility is the cause, and here our remedy is steel, administered as follows: Tincture of steel, 1 drachm; glycerine,  $\frac{1}{2}$  ounce; and infusion of calumba to 6 ounces. Dose, two table-spoonfuls three times a day.

**Paralysis of the Bladder** follows injuries of the head and spinal column, and occurs sometimes in the course of some fevers. It likewise happens occasionally to people who, from some cause or other, have allowed the bladder to get distended too much with water. The remedy consists in passing a catheter. This should be done by a surgeon if possible. If an unskilled hand is compelled to use this instrument, he should always employ a flexible gum-elastic catheter of moderate size.

**BLADDER, INFLAMMATION OF THE.** See **Cystitis**.

**BLEEDING.** See **Hæmorrhage**.

**BLEEDING FROM THE BOWELS.** See **Melæna**.

**BLEEDING FROM THE EAR.** See **Ear, Bleeding from the**.

**BLEEDING FROM THE LUNGS.** See **Hæmoptysis**.

**BLEEDING FROM THE NOSE.** See **Epistaxis**.

**BLEEDING FROM THE STOMACH.** See **Hæmorrhage** and **Hæmatemesis**.

**BLINDNESS, COLOUR.** See **Colour-blindness**.

**BLINDNESS, NIGHT.** See **Night-blindness**.

**BLOOD, EXTRAVASATION OF.** See **Contusions**.

**BLOOD IN THE URINE.** See **Hæmatinuria**.

**BLOOD, SPITTING OR VOMITING OF.** See **Hæmoptysis** and **Hæmorrhage**.

**BLOODY FLUX.** See **Dysentery**.

**BLUE GUM.** See **Plumbism**.

**BLUSHING.** See **Erythema**.

**BODY LOUSE.** See **Lice**.

**BOIL, GUM.** See **Gumboil**.

**BOILS.** A boil is a circumscribed, hard swelling, caused by inflammation of the skin. It is red, dense, and very tender. It speedily runs on to suppuration, and finally bursts by a circular opening at the top, or head, and a slough, or *core*, comes out. Boils are generally the result of debility. They tend to come out in successive crops.

While boils are forming they should be poulticed frequently. The best way to apply the poultice is to get a piece of belladonna plaister, cut a hole in it, through which the boil can protrude, and apply it to the skin. Over this put a poultice, which is thus simply brought into contact with the boil. When the boil has "come to a head," it should be opened with a bistoury (this, of course, is a surgeon's duty); and



when the slough has separated, healing should be promoted by zinc ointment, spread on a piece of lint or muslin, and applied to the sore; it should be renewed three times a day.

Boils are sometimes chronic; that is to say, they run a longer course, and are very slow to suppurate. Poulticing should then be avoided. The best application in this case is a paint composed of equal parts of glycerine and extract of belladonna.

**BONES, BROKEN.** See **Fractures.**

**BONY TUMOURS.** As the name implies, bony tumours are tumours composed of bony tissue. See **Tumours.**

**BOWEL COMPLAINT.** See **Diarrhœa.**

**BOWEL, FALLING DOWN OF THE.** See **Falling Down of the Bowel.**

**BOWELS, BLEEDING FROM THE.** See **Melæna.**

**BOWELS, CONSUMPTION OF THE** (*Tabes mesenterica*). Consumption of the bowels is due to the presence of tubercles, and frequently appears in the course of phthisis.

The chief symptoms are pain and progressive diarrhœa, accompanied by loss of flesh and strength.

The general treatment is the same as described under **Tubercle** and **Consumption.** For the pain and diarrhœa, opium and sulphuric acid are the best remedies, and they may be com-

bined as in the following prescription: Sulphuric acid, 1 drachm; tincture of opium, 1 drachm; spirits of chloroform, 1 drachm; and peppermint water to make up to 6 ounces; a tablespoonful to be taken every three or four hours.

**BOWELS, INFLAMMATION OF THE.** See **Enteritis.**

**BOWELS, OBSTRUCTION OF THE** (*Intussusception*). This is a very serious complaint indeed. It means far more than simple constipation, and implies some impediment to the passage of the fæces, owing to a mechanical cause. Sometimes this cause may be found in the accumulation of hardened fæces, due to prolonged and obstinate constipation, or to a mass of indigestible substance, such as cherry stones, or to large gall-stones. But such cases are not common. The cause is more often to be found in some mechanical displacement of the bowel itself, obstructing the passage of anything through it. The commonest example of this occurs in cases of hernia or rupture (see article on **Hernia**), and whenever we have to deal with obstruction of the bowels, search should always be made for a rupture. In other cases, a part of the bowel gets nipped, or "strangulated," as it called, in some part of adjacent tissue. This is commonly the case with obstruction occurring in children. Again, it may be due to what is called "intussusception," or "invagination." In this condition a portion of the bowel slips up so as to be embraced by a higher portion, in much the same fashion as

a part of a sleeve of a coat can be pulled up inside itself. Stricture of the bowel, too, may cause obstruction, but this is very rare.

Generally, though not necessarily always, the symptoms are gradual in their onset. After prolonged constipation, which the strongest purgatives fail to overcome, great pain is experienced over the stomach, and the abdomen becomes greatly distended. Then vomiting sets in, which finally becomes of a "stercoraceous" character—that is, it looks and smells like a motion. If unrelieved, death must ensue from exhaustion.

For the efficient treatment of this complaint the attendance of a qualified surgeon is requisite. But before his arrival the attendant should beware of giving purgatives, which can only intensify the patient's agony. Rather should opium be administered, to relieve him, and for this purpose 10 drops of laudanum may be given, in a teaspoonful of water, and repeated, if necessary, in an hour. Warm fomentations may also be applied over the abdomen, and ice may be given to him to suck. For the diagnosis and cure of the obstruction an operation is necessary; but this is not the place to discuss its nature, as it demands the best attention of a qualified medical man.

**BOW-LEGS.** Bow-leg is a deformity caused by the bending of the bones of the leg, which are softer than natural. It is generally the result of children being put on their legs too early, and is always a sign of rickets (*see*

**Rickets**). The constitutional treatment should consist in the administration of cod-liver oil and other tonics, as described under **Rickets**. For the local treatment an apparatus is necessary, and about this a surgeon must be consulted.

**BRAIN, ABSCESS OF THE.** This, like other abscesses, is the result of inflammation. It may be the effect of an injury, but is more often due to irritation consequent on disease of the ear. The symptoms to which it gives rise are convulsions, rigors, fever, paralysis, and coma.

This is an extremely fatal disease. The patient should be kept quiet, his head should be shaved, and ice-bags applied. If there is any disease of the ear, it should be attended to before abscess results.

**BRAIN, COMPRESSION OF THE.** This is a pressure on the brain substance, either by the extravasation of blood, as in apoplexy, or by a depressed piece of bone in a fractured skull.

The chief symptom is total loss of consciousness, but it has to be carefully distinguished from the coma due to concussion. The diagnosis is indicated under the heading **Concussion**.

**BRAIN FEVER.** *See* Cerebro-spinal Fever.

**BRAIN, INFLAMMATION OF THE.** *See* Encephalitis.

**BRAIN MEMBRANES, INFLAMMATION OF THE.** *See* Meningitis, Cerebral.

**BRAIN, SOFTENING OF THE** (*Cerebral Softening, Ramollissement*). This is a complaint of advanced life, rarely making its appearance before the age of fifty. It is caused by some obstruction to the circulation in the brain. This obstruction may be simply the narrowing of one of the cerebral arteries from the effect of old age, or it may be the formation of a clot in one of the vessels; or, in other cases, it may be consequent on old-standing heart disease, when one of the vegetations in the diseased valve of the heart gets detached, and is carried away in the circulation till it gets impacted in one of the small vessels of the brain. The results of such obstruction are that the part of the brain supplied by the vessel is deprived of its pabulum, and the degeneration popularly known as softening sets in.

The symptoms of cerebral softening are generally sudden in their onset. The patient feels suddenly giddy, or complains of pain in the head, or has a slight fit. This is followed by paralysis and mental confusion, and other signs of impairment of brain-function.

Recovery, though it may take place to a certain extent, is very rare. There is little to be done in the way of treatment further than to try and maintain all the functions of the body in as healthy a state of activity as possible.

**BRAIN, WATER ON THE.**  
See **Hydrocephalus.**

**BREAK-BONE FEVER.**  
See **Dandy Fever.**

**BREAST-PANG.** See **Angina pectoris.**

**BREAST, PIGEON.** See **Pigeon Breast.**

**BREATH, OFFENSIVE.**  
See **Offensive Breath.**

**BREATH, SHORTNESS OF.** See **Dyspnœa.**

**BRIGHT'S DISEASE** (*Degeneration of the Kidneys, Nephritis*). This name is given to a group of diseases of the kidney, from the physician—Dr. Bright—who first drew attention to them. "Bright's disease," then, includes several diseases, but the differences between them are chiefly of an anatomical character, and hence only interesting to a scientific student. All the different forms present the same typical symptoms, which we will now proceed to discuss. Bright's disease may be *acute* or *chronic*.

**Acute Bright's Disease** is the one that most concerns us. The cause may be cold, or intemperance; but it often supervenes on certain fevers, and notably on scarlatina. The symptoms are chilliness, shivering, and rigors. Fever is always present. Pain is complained of in the back and loins. There is loss of appetite. Thirst is present, and the skin is parched. Dropsy in the legs supervenes. The urine is scanty and high-coloured, and contains albumen (see **Albuminuria**). The presence of albumen in the water is not patent to the naked eye. To discover its presence, a little of the urine must be placed in a test-tube, and boiled over the gas or a spirit-lamp flame, and if

albumen be present a thick, whitish deposit will form. A drop or two of strong, fuming nitric acid should be added to the tube, and if the clot is not dissolved by it, we may be pretty sure that it is albumen that we are dealing with.

Acute Bright's disease generally passes off in the course of a week to ten days, but leaves the patient weak and debilitated for some time.

The treatment consists in trying to promote the action of the skin and kidneys. For this purpose the patient is placed in bed, between warm blankets. Hot linseed-meal poultices are applied to the loins. A warm bath, too, may be given at night. The diet must consist of milk and broth. The bowels should be operated upon by giving a powder containing 2 grains of calomel and 15 grains of jalap, at bedtime; and the following mixture should be administered, in one-tablespoonful doses, every four hours: Nitrate of potash,  $1\frac{1}{2}$  drachms; sweet spirits of nitre,  $\frac{1}{2}$  ounce; spirits of chloroform, 1 drachm; and infusion of broom to 8 ounces.

When the patient is convalescent, he should be clothed in flannel; his diet ought to consist chiefly of milk, mutton, eggs, and poultry, alcohol being rigorously forbidden. A change of air will prove beneficial, and a mild preparation of iron, such as the mixture of citrate of iron and ammonia prescribed under the section **Anæmia**, will prove of benefit.

**Chronic Bright's Disease** may follow on the acute form, or be the result of persistent alcoholic indulgence. The symptoms

are insidious in their appearance, but generally consist in debility, anæmia, and dropsy, as evidenced by a puffiness about the ankles or under the eyes, or a distinct swelling of the legs. The urine is scanty, and, if examined, will be found to contain albumen.

Our treatment is directed to improving the patient's general health, by the administration of the iron and ammonia mixture prescribed above, and by regulating his habits. The bowels ought also to be kept in good working order, and the kidneys may be stimulated by the occasional use of the nitrate of potash mixture prescribed when dealing with acute Bright's disease.

**BRITISH CHOLERA.** See *Cholera, English.*

**BROKEN BONES.** See *Fractures.*

**BRONCHI, DILATED.** See *Bronchiectasis.*

**BRONCHIECTASIS** (*Dilated Bronchi or Air-tubes*). In bronchiectasis the dilatation may affect the whole course of one or more of the larger tubes, but it is more frequently associated with the terminal ends of the smaller tubes in the air-vesicles of the lungs.

Bronchiectasis is not a disease by itself, but is the result of collapse of the lung, of bronchitis, emphysema, or phthisis. It has, accordingly, no peculiar symptoms, but is accompanied by cough, expectoration of mucus, pus, and sometimes blood, and shortness of breath.

The treatment to be followed

is that described under **Bronchitis (Chronic)**.

**BRONCHITIS.** Bronchitis simply means inflammation of the bronchial tubes. It may be *acute* or *chronic*.

**Acute Bronchitis** occurs in two forms: The first is an affection of adults, and in it the larger bronchial tubes are alone affected. The other form is called *capillary* bronchitis, from the disease extending to the smallest ramifications of the tubes, and is the form chiefly met with in young children. Nearly one-half of the cases prove fatal.

Acute bronchitis is generally due to exposure to cold or damp, though it may be caused by inhaling irritating substances into the lungs. It sometimes supervenes, too, on other complaints, such as Bright's disease or consumption.

The symptoms of bronchitis are, first, those of general fever, as evidenced by shiverings and other constitutional disturbances. Then the particular signs manifest themselves in the shape of a cough, at first dry and tickling, but afterwards accompanied by the expectoration of mucus. This is at first difficult to bring up, and is thick and "ropy," but afterwards it comes up more easily, and is of a white, frothy nature. There is more or less pain complained of in the region of the chest, the breathing is laboured, and in severe cases the face becomes of a dusky hue. After the lapse of a few days, if the case is going to take a favourable turn, all these symptoms abate. But sometimes the breathing becomes more difficult, the expectorated mucus

thicker, the lividity deeper, and death ensues from suffocation.

We can only lay down general principles for the treatment of acute bronchitis. The patient should be kept as warm as possible, and if the breathing is difficult, a bronchitis-kettle should be placed on the fire. Hot linseed and mustard poultices must be applied to the chest. In cases of great debility, a little brandy may be given every four hours. Beef-tea, gruel, and milk should be freely administered, and the following mixture may be used, in tablespoonful doses, every four hours: Ipecacuanha wine, 1 drachm; sweet spirits of nitre, 2 drachms; citrate of potash, 1 drachm; syrup of tolu, 1 ounce; and infusion of senega to 6 ounces. If there is much debility,  $\frac{1}{2}$  drachm of carbonate of ammonia may be added to the mixture.

**Chronic Bronchitis** is generally a disease of those advanced in life. It sometimes follows on a succession of attacks of the acute form. The symptoms are shortness of breath, and a cough, which may be dry and hacking, or attended with the expectoration of a little mucus.

The treatment can only be palliative, and each individual case needs different remedies. As a rule, it may be said that the patient should be warmly clad in flannel, should avoid exposure to cold and damp, and, if possible, he ought to live in a warm and dry climate.

**BRONCHOCELE.** See *Goitre*.

**BRONCHO-PNEUMONIA.** See *Pneumonia*.

**BROW AGUE.** See **Neuralgia.**

**BRUISES.** See **Contusions.**

**BUNIONS.** A bunion is a deformity caused by a swelling over the first joint of the great toe. It is always due to badly-fitting boots, though patients of a gouty character have a special tendency to the formation of this deformity. A bunion begins as a small, painful spot, which enlarges into a ganglion containing a little clear fluid; then the swelling becomes thick, and the fluid more abundant. Inflammation and suppuration may take place in it, causing an abscess.

Properly-made boots should always be worn by those who suffer from a bunion, and to relieve the pressure, a little pad of lint, covered with oil-silk, should be placed over the distortion. In the very early stage it may be burst with a little gentle manipulation of the fingers. When it gets thickened, however, this is impossible, and it should then be painted with a liniment containing equal quantities of tincture and liniment of iodine. When suppuration occurs, it must be treated as an ordinary abscess, poultices applied, and complete rest enjoined.

### **BURNS AND SCALDS.**

The result of the application of intense heat to the tissues, and the treatment thereof, is the same whether it be dry heat (burns) or boiling fluids (scalds) that cause the injury. The damage done to the parts of course varies with the intensity of the heat applied, and with the length of time it has

been in contact with the part. There may be only a slight superficial redness of the skin, or there may be total destruction of a limb. The danger of a burn depends on the extent of skin that has been destroyed. A burn which in other respects was quite trivial, but which removed, say, the whole of the true skin from an arm, would be more dangerous than one which charred the whole of the hand. This is due to the fact that the skin is really a great breathing and excretory organ. Thus, when a large surface of it is destroyed, it is tantamount to an injury to a lung or a kidney.

Besides the local effects of burns, those injuries set up severe constitutional shock, which may prove fatal in itself during the first two or three days.

In treating burns, we first try to counteract the effects of the shock by the administration of stimulants. Warm beef-tea or brandy may be given, as seems most desirable. Then we remove any of the charred clothing, disturbing the patient as little as possible. If blisters have formed, *they should NOT be snipped.* Dressings should then be applied. The object of all local applications is to protect the raw surface from the air. Various remedies are used. A very common one is an emulsion made of equal parts of linseed-oil and lime-water. Lint is soaked in this, and applied to the part. The objection to this is its odour. The best olive oil alone, or carbolised oil (one in twenty) make very good applications. Cotton wool may simply be wrapped round the part. Again, the burn may be dusted

over with fine flour. Whatever application is used, it should not be changed more than once daily.

While the healing process is going on, there is great danger of contraction of the skin taking place, thus producing deformity. If the burn, therefore, occur near a joint, as the elbow, or if it be about the chest or neck, the parts should be kept well extended during cicatrisation by means of properly applied splints.

The diet of the patient should be light, and consist principally of milk foods.

There is a remarkable lesion which occasionally occurs after a patient has been burned, called *perforating ulcer of the duodenum*. This is the first part of the intestine leading from the stomach. The significance of this, and the reason why it should occur there, are unknown. It rarely comes on before the tenth day. The symptoms indicating its appearance are pain over the stomach on the right side, vomiting, and perhaps a little bleeding from the bowel. Little can be done to relieve the patient, except to administer ice and small doses of laudanum.

**CACHEXIA.** Cachexia literally means a bad habit, and is used in medicine to denote any derangement of the general health due to constitutional disease. Thus we have a *scrofulous cachexia*, a *cancerous cachexia*, and a *consumptive or tubercular cachexia*. It is simply a convenient scientific term, and not a name given to any special disease, and hence no treatment can be laid down for it.

**CALCULUS, BILIARY.**  
See **Gall-stone**.

**CALCULUS, URINARY**  
(*Kidney Colic, Stone, Vesical Calculus*). A urinary stone, or calculus, is composed of crystalline material, and is found either in the *kidney* or the *bladder*. It is well-known that in certain states of health the urine deposits a sediment, which is of a crystalline nature (see **Gravel**). Such deposits may be looked on as the origin of stones. The bladder is the chief seat of stone. Stones may be found in people of all ages, but they very rarely occur in females. They vary in size and nature, but there are three principal varieties, consisting of uric acid, phosphate, and oxalate of lime respectively.

When a stone exists in the kidney, the chief symptoms it sets up are violent pain in the loins, and great irritability about the testicles. After taking any violent exercise, such as riding, the water may be bloody. The natural fate of a stone in the kidney is to pass from it, through the ureter, into the bladder. Sometimes it remains imbedded in the kidney, however, and sets up inflammation and disorganisation of that organ.

When the bladder is the seat of the stone, the chief symptoms are great irritability of that viscus, with pains about its neck, and at the extremity of the penis. When micturating, too, the stream frequently stops suddenly from the stone shifting over to the orifice of the urethra, and blocking it up. Sometimes, also, blood is passed.

When there are any signs of stone, a surgeon should be con-

sulted at once, as "home treatment" is of no avail.

**CALCULUS, VESICAL.** See *Calculus, Urinary.*

**CAMP FEVER.** See *Typhus Fever.*

**CANCER** (*Carcinoma*). Cancer belongs to that great division of diseases known as tumours (see **Tumours**), and is essentially a new growth in the system. It is more frequently met with in women than in men, and is undoubtedly a hereditary disease. It may attack any organ, but its commonest seats are the womb and the female breast.

The first symptom which attracts attention is generally the appearance of a swelling. Every swelling is, of course, not a cancer; but cancer always begins with the appearance of a tumour. It is generally hard, but as it grows it softens and ulcerates, and eats deeper and deeper into the tissues.

The prevalent opinion at present is that cancer is, primarily, a *local* disease—that is to say, if the tumour can be recognised very early, and then removed, there is very little likelihood of its returning. But if it remains in the body, after a time the lymphatics absorb the cancerous poison, and distribute it, by means of the circulatory system, through the entire frame, and deposits are left in various organs, which set up *secondary* cancers. The first sign of the general system being infected is the swelling of the lymphatic glands nearest the original tumour. Thus, in cancer of the breast the glands in the armpit

get affected; then, other organs than the original seat of disease may become affected, and secondary cancers form.

Many remedies have been vaunted as a cure for cancer, notably among them Chian turpentine; but the verdict on them all is, unfortunately, "tried and found wanting." It is out of place here to discuss the treatment of cancer, for anyone who is the victim of it would naturally at once consult a surgeon.

**CANCER, MEDULLARY** (*Medullary Sarcoma, Encephaloid Cancer*). Medullary cancer is a subdivision of cancer, interesting chiefly from a pathological point of view. It occurs in the eye, the skin, and other places, and is the most rapid of all forms in growth. See **Cancer**.

**CANCERUM ORIS.** See *Canker of the Mouth.*

**CANKER OF THE MOUTH** (*Cancerum oris*). This is a disease indicative of debility, and it is chiefly met with in the starved children of the poor. It is very liable to break out after some weakening disease, such as scarlatina. It is simply an ulcer which appears on the inside of the lip or cheek, and exhibits all the signs of a low inflammation. There is a good deal of swelling connected with it, and the discharge from it is a nasty, offensive, and unhealthy matter. The breath of patients affected with it is of a most disagreeable smell. Associated with it are all the signs of constitutional debility, and if its progress is unchecked the patient may die of exhaustion.



The first thing to be done is to clear out the unhealthy secretions of the stomach by a dose of Gregory's Powder. Then the patient should take tablespoonful doses every four hours of a mixture of 1 drachm of chlorate of potash in 6 ounces of water. The sore itself should be touched with cleansing and stimulating lotions, such as glycerine of borax, or a weak solution of carbolic acid (one in forty).

**CARBONIC ACID POISONING.** This is simply a form of asphyxia, due to the blood being deprived of oxygen gas. The treatment, therefore, resolves itself into that given under the head **Asphyxia**.

**CARBUNCLE** (*Anthrax*). A carbuncle is looked upon popularly as a big boil; but though there are superficial points of resemblance between the two diseases, they are distinct in their nature. A carbuncle begins with the inflammation of a large, oval patch of skin, which slowly suppurates, bursts by several openings, and ulcerates. A dull, heavy pain characterises this formation. Carbuncles tend to come out in crops, and to return. They are far more serious things than boils, and cause great weakness. The chief differences between them and boils are, first, that carbuncles are much larger; and secondly, that a carbuncle always bursts by several minute apertures, while a boil invariably has only one opening.

The local treatment is to poultice. Poultices ought to be applied in the same way as described under **Boil**, and the

glycerine and belladonna paint should also be used. The strength must be kept up by administering strong soups and Burgundy. The following stimulating tonic will also be beneficial: Carbonate of ammonia, 16 grains; compound tincture of cinchona, 2 drachms; and water to 8 ounces. Take two tablespoonfuls three times a day.

**CARCINOMA.** See **Cancer**.

**CARDIAC DROPSY.** See **Dropsy**.

**CARIES.** Caries is the name given to the process of ulceration when it occurs in bone. It is generally the result of constitutional disease, especially scrofula.

**CARTILAGINOUS TUMOURS.** See **Tumours**.

**CATALEPSY AND ECSTASY** (*Trance*). These are closely-allied conditions, and are really varieties of insanity and hysteria. They are manifested in weak-minded persons, especially of the female sex, and are most commonly met with at the age of puberty. Though they are diseases of the brain or nervous system, they have not yet been traced to any distinct nervous lesion. They are generally associated with religious, or quasi-religious, emotion.

**Catalepsy.** In this there is a total loss of consciousness, which comes on suddenly, and a most peculiar stiffening of the muscles of the body, so that when the patient is placed in any one position she remains in it, no matter how awkward and constrained it is. While in this state she can

answer questions, and talk if spoken to, though all the time consciousness is totally absent. This condition is familiar to the public through the exhibitions known as mesmeric *séances*. The attack lasts from a few minutes to several days.

**Ecstasy.** In ecstasy there is no loss of consciousness, but the mind of the patient is imbued with delusions, which are generally of a religious character. She imagines she is talking to saints, or that she sees visions; and so deeply do these delusions impress her, that she will not hesitate to disfigure herself, as has been done by those poor creatures who have imprinted on their hands and feet the "stigmata," or marks of the wounds of our Saviour. Under the excitement of this exalted state of mind the body often performs ludicrous movements, or those which would be ludicrous if we did not know they were the signs of mental disease. Thus, we have the dancing dervishes of the East, the dancing maniacs of the Middle Ages, and all the peculiar usages with which the spread of Revivalism among the lower orders has familiarised us in our own day.

The treatment of these cases is very much the same as that laid down for **Hysteria**. Medicines are little, if any, good. The only hope lies in trying to brace the mind, and restore it to healthy tone and vigour.

**CATARACT.** This is an opacity of the crystalline lens, which loses its transparency. The rays of light are thus prevented from penetrating it, and blindness is the result, from the

retina being unaffected by these rays. Cataract is sometimes observed in children at birth, when it is said to be *congenital*. In other cases it attacks elderly people in the decline of life, when it is called *senile*. *Traumatic cataract* is a cataract which is the result of an injury, as a blow to the eye. Cataract sometimes forms in the course of wasting diseases, notably diabetes, when it is called *diabetic*.

The blindness caused by cataract is gradual in its appearance. At first there is a cloudiness complained of, which slowly becomes more confirmed, till total blindness results. On looking into the eye, a steely-blue nucleus is observed, which is the opaque crystalline lens.

For the treatment an oculist should be consulted at once.

**CATARRH (Cold).** A catarrh is simply a cold, and is characterised by an inflammation of the mucous membrane of the part affected, which at first becomes dry, and then pours out an abundant secretion of mucus. Catarrh may spread from one part to another contiguous to it. Thus, a cold "in the head" may spread down the windpipe to the bronchial tubes, causing bronchitis. The technical name for a cold in the head is *coryza* (see **Cold in the Head**). It is due to catarrh of the frontal sinuses—two large cavities containing air in connection with the frontal bone and nasal passages. The symptoms are stuffiness, discomfort, and sneezing, with an abundant flow of mucus.

The best treatment for a cold is to try and stop it. If taken early

enough, a hot bath will sometimes effect this. A Turkish bath, if it is obtainable, is a capital preventive. Another good plan is to deny oneself all liquid nourishment for twenty-four hours. Take a dose of 10 minims of laudanum, and 30 of Mindererus' spirit, in a tablespoonful of camphor water,\* and go to bed, and stay there for the twenty-four hours. If, unfortunately, the cold refuses to be stopped, then the treatment consists in keeping in one atmosphere as much as possible. Stay all day—if it can be managed—in one room heated to 60deg. Fahr. The diet must be light. The bowels should be acted on by a teaspoonful of compound liquorice powder, and the skin and kidneys should be gently stimulated by taking a tablespoonful\* of this mixture every four hours: Nitrate of potash, 1½ drachms; solution of acetate of ammonia, ½ ounce; spirits of chloroform, 2 drachms; and camphor water up to 4 ounces.

**CATARRHAL OPTHALMIA.** See *Conjunctivitis*.

**CEPHALALGIA.** See *Headache*.

**CEREBRAL MENINGITIS.** See *Meningitis, Cerebral*.

**CEREBRAL SOFTENING.** See *Brain, Softening of the*.

**CEREBRO-SPINAL FEVER** (*Brain Fever*). This is a specific fever, which breaks out in

**epidemics.** It is **contagious**, though not so violently so as the other specific fevers. Its chief symptoms are caused by inflammation of the membranes of the brain and spinal cord, and it may come on suddenly, or after a short period of general *malaise*. The actual onset of the disease is marked with severe shiverings, and acute pain in the head and down the neck. After a little the mind gets affected, and the patient becomes delirious. Vomiting is also present. Pains in the limbs develop themselves. Patches of discoloration are exhibited on the skin, all over the body. Deafness, blindness, or paralysis may ensue, and the patient may die in about a week of the brain lesion; or if he linger to a later period, he may succumb to one of the complications.

There is little to be said about the treatment, except to shave the head, and apply ice to it. Keep the patient in a dark room as quiet as possible, and let his diet be entirely confined to milk and beef-tea.

**CHAFING** (*Abrasion, Intertrigo*). Chafing is a laceration or abrasion of the skin caused by something rubbing against it. It is generally met with in the thighs of infants, and in such cases is the result of uncleanness.

The treatment consists in removing anything that may tend to set up irritation, in observing perfect cleanliness, and in dusting the part over with equal quantities of starch and oxide of zinc powder, or applying zinc ointment.

\* For doses for Children, see *Introduction*.

**CHALK-STONES.** These are concretions of urate of soda which occur in the knuckles of gouty people. They are not so often seen now as formerly.

For the treatment, see **Gout**. If they cause much pain and swelling, a linseed-meal poultice should be applied.

**CHAPPED HANDS.** Chaps are little ulcers which attack the hands, causing fissures. They are met with in persons who suffer from a weak circulation, and most commonly occur in winter.

To prevent the formation of chaps, the circulation should be briskly kept up by friction, and the hands should be well dried each time after washing. If cold, they should not be warmed before a fire, but immersed in a little warm water. After chaps have made their appearance, the best applications are a little glycerine, or glycerine and borax, or an ointment containing  $\frac{1}{2}$  drachm of calamine and 2 drachms of glycerine, in an ounce of vaseline.

**CHEST, DROPSY OF THE.** See **Hydrothorax**.

**CHICKEN-POX** (*Glass-pox, Varicella*). This is one of the specific fevers, **contagious** and **epidemic**, characterised by a peculiar eruption of the skin. In the generality of cases it is a mild disorder, but sometimes the symptoms are so severe, and the rash is so thickly spread over the skin, that it simulates small-pox. In a few cases it is very difficult to distinguish between a severe case of chicken-pox and a mild attack of small-pox.

The *latent* period of chicken-pox varies from six days to a fortnight. There are no characteristic symptoms of *invasion*. Perhaps the patient feels a little poorly, and more or less feverish; but just as often, nothing at all is complained of. On the second day a crop of pimples comes out. They are scattered singly over the body, generally appearing first on the back of the trunk. In four days they become vesicles—that is, filled with fluid—and a red rim appears round them. In five or six days they dry up, and are succeeded by other crops. The disease runs its course in ten days or a fortnight, and leaves no after results to be afraid of. Death never results.

The treatment simply consists in keeping the patient in a warm room, and putting him on low diet. The bowels should be regulated by a dose of Gregory's Powder, and further than that no medicine is necessary. The pimples *should not be scratched or picked*, or scars may remain.

**CHILBLAINS.** A chilblain is a low form of inflammation of the skin which occurs in people with a weak circulation. The commonest seats of chilblains are the fingers and toes, which parts are at the very extremities of the circulatory system. Chilblains are caused by exposure to varying temperatures, and the commonest cause is warming cold hands and feet before the fire. They also frequently result from not drying the hands thoroughly after washing them.

Chilblains present themselves in two forms. The *unbroken* chilblain is an inflammation of the

skin, attended with more or less thickening and itching. If this is not attended to, it may go on to ulceration. Then we have the *broken* chilblain, which is an open, sloughing sore.

To prevent chilblains, brisk walking exercise should be taken. If the feet or hands are cold, they should never be warmed before the fire, but by gently rubbing them, or immersing them in warm water. When a chilblain has formed, if still in the unbroken stage, it should be rubbed with a stimulating liniment, such as the following: Strong solution of ammonia,  $\frac{1}{2}$  ounce; camphorated oil, 2 ounces; and tincture of opium, 1 ounce. In other cases, a paint composed of equal parts of tincture of iodine and strong solution of ammonia may be applied with a brush night and morning. If there is much itching, the following is a capital application: Tincture of belladonna, 2 drachms; tincture of aconite, 2 drachms; camphor, 10 grains; compound tincture of benzoin, 1 drachm; and soap liniment, 2 ounces. When a chilblain has broken, all such liniments must be discontinued, and the following salve applied on strips of lint: Camphor, 5 grains; carbonate of lead, 1 ounce; and zinc ointment, 1 ounce.

**CHILD-CROWING.** See *Croup, False.*

**CHILDREN'S PARALYSIS.** See *Infantile Paralysis.*

**CHILL.** A chill is the forerunner of most acute inflammatory diseases, and is due either to

long exposure to damp, or to a sudden change of temperature, such as that from the inside of a crowded church or ball-room to a freezing atmosphere outside. A chill is most likely to seize a person who is weak from any cause, or who has for some time been deprived of sustenance.

The symptoms are slight shivering fits and general febrile discomfort.

The treatment consists in putting the feet in hot water, going at once to bed, taking some hot gruel, and a tablespoonful,\* every four hours, of the following mixture: Nitre, 1 drachm; solution of acetate of ammonia,  $\frac{1}{2}$  ounce; sweet spirits of nitre, 2 drachms; and camphor water to 6 ounces. It is imperative to remain in bed till all febrile symptoms have disappeared.

**CHLOROSIS.** See *Anæmia.*

**CHOKING.** Choking is suffocation caused by some mechanical obstruction to the entrance of air into the chest. This may be due to some foreign substance—as a bone, or an article of food—getting impacted in the gullet, or some ligature or constriction round the throat, as in cases of suicide by hanging.

The symptoms are those of sudden asphyxia (see *Asphyxia*).

The first thing to be done is to remove the cause. In trying to get a foreign body out of the throat, thrust the forefinger into the mouth, and try to hook it round the obstruction, and thus remove it; or, if that is impossible, push it down into the stomach. If a ligature is round the neck,

\* For doses for Children, see *Introduction.*

cut it, and apply restoratives as described under **Asphyxia**.

### **CHOLERA, ASIATIC.**

Cholera is the type, *par excellence*, of an **epidemic** disease. Sudden in its onset, terrible in its symptoms, **infectious** in the very highest degree, it is rightly regarded as a scourge and a terror. It is more or less **endemic** in hot countries like India, but at times it spreads far and wide. In its march it always follows the footsteps of human traffic. The exact poison is supposed to be a germ which exists in the stools, and affects primarily the intestinal track. Water contaminated with cholera-stools has been proved to be the carrier of the poison in several epidemics.

The *incubatory stage* of cholera is a few hours, rarely exceeding twenty-four. During this period the patient is troubled with diarrhœa, passing three or four stools in the twenty-four hours. After that comes the *invasion*, marked with a profuse and characteristic diarrhœa. There is generally no pain with the motions, but the amount passed is excessive. In character, the motions are pale and watery, containing white, flocculent masses floating in them, and hence the name of "rice-water stools" is given to the dejections of cholera. With the diarrhœa, vomiting also appears, and the vomited matters have the same appearance as the stools. There is also total suppression of urine. In the course of a few hours the typical *algide stage*, as it is called, comes on. It presents all the symptoms of extreme collapse. The temperature of the body falls below the normal, the

skin shrivels, and the face, hands, and feet, present a deeply livid hue. Severe cramps now attack the muscles of the calves, the breathing is very shallow and noiseless, and the patient looks almost like a corpse. He may die, during this stage, in two or three hours, and rarely lasts beyond twenty-four. If he survives, the reaction begins, and the first sign is seen in the re-establishment of the circulation; the blueness passes off, and the heat of the body is restored; the diarrhœa and vomiting abate, and, if there is no relapse, convalescence is established in the course of a fortnight.

The average mortality of Asiatic cholera is very great, and, in round numbers, it may be said that more than half the cases succumb. Death generally occurs within five or six hours from the invasion. It is most fatal to the young.

True epidemic cholera, such as has been described, is to be distinguished from summer diarrhœa, acute inflammation of the bowels, and from arsenical poisoning. None of these affections have the rice-water stools and the intense collapse of cholera. Summer diarrhœa generally attacks children, and occurs during the season from which it takes its name. In inflammation of the bowels, we have pain with the motions, which are tinged with blood. In poisoning, the history of the case affords us the clue.

The prophylactic treatment of cholera during an epidemic is of the highest importance. All business intercourse should be stopped, and the drains and sewage carefully attended to. Fruits and vegetables should be avoided,

but the strength must be kept up by good plain food. The slightest tendency to looseness of the bowels must be checked, and, if any diarrhœa show itself, a tablespoonful\* of the following mixture should be taken after each motion: Dilute sulphuric acid, 3 drachms; tincture of opium, 1½ drachms; and peppermint water to 6 ounces. If, however, true cholera set in, the mixture should be discarded. The patient should be given ice, and soda-water to drink. Hot flannels should be applied to the stomach. For the cramps, the legs must be rubbed with camphorated oil, or opodeldoc. During the stage of collapse hot blankets should be wrapped round the patient, and hot bottles placed to his feet and under his armpits. If he is sinking, nothing more can be done than to apply stimulants, as brandy or ether. Ten drops of spirits of ether may be given in a teaspoonful of water, alternately with a tablespoonful of brandy, every half-hour.

### **CHOLERA, ENGLISH**

(*British Cholera*). English cholera is a severe form of diarrhœa, which is specially apt to attack children in summer and autumn, and is supposed to be due to the eating of unripe or rotten fruit.

For the treatment, see **Diarrhœa** and **Dysentery**.

### **CHOREA** (*Madness of the Muscles, St. Vitus's Dance*).

Chorea is a disease of the nervous system, affecting children and girls by preference. It is characterised by peculiar convulsive movements of the limbs and the muscles of the face. It comes on

gradually, though in many cases the child is seen to be moping about for a period before the disorder manifests itself. Debility is generally associated with it.

The first thing noticed is a twitching of the muscles of the face. Then the limbs show they are affected. The child cannot walk properly: he drags one leg after him with a peculiar shuffling step. The arm, too, of the same side, shares in the affection. The shoulder is hitched up, and all the movements are unsteady. The speech becomes impaired, and if the child is asked to put out his tongue, it is done unsteadily, and drawn back quickly, the jaw closing over it with a snap. When the child is asleep the movements cease.

Chorea is very often associated with rheumatism, and consequent affection of the heart. In the generality of cases the termination is complete recovery. Six weeks is the average duration of the disease. The child should be kept on plain, nutritious diet; his bowels should be freely opened with Gregory's Powder, and arsenic must be given three times a day, after meals, as follows: Solution of arsenic (Fowler's Solution), 1½ drachm; syrup of oranges, ½ ounce; water up to 3 ounces: one teaspoonful three times a day. This must be discontinued if the child complain of sore throat or eyes, and steel wine may be substituted.

**CIRRHOISIS** (*Cirrhosis of the Liver; Gin-drinker's, Hob-nailed, or Nutmeg Liver*). Cirrhosis is a pathological change, consisting in a slow inflammation of

\* For doses for Children, see Introduction.

an organ, with the formation of a fibrous tissue, which displaces that of the organ attacked. The bowels, the lungs, and other organs may be the subjects of cirrhosis, but it is by far most commonly met with in the liver, forming what is known as "gin-drinker's liver," and to it we shall confine our attention. It is always due to alcoholic excess, and is most often met with in those who are in the habit of taking frequent doses of spirits, especially on an empty stomach.

This disease is very insidious in its onset and progress. The patient feels little or no effects till it is well established. The early symptoms, if any, are those due to impaired digestion and general debility. When it is fully established, the liver being shrunk in size, and its functions abated, the digestive symptoms get more marked. Jaundice sets in. The motions are pale. The patient loses strength and flesh. Piles often make their appearance. But the most common concomitant of cirrhosis is ascites, or dropsy of the stomach. The disease is incurable, and the patient, after a longer or shorter interval, sinks; or he may die in the interval from some complication, such as ascites, or hæmorrhage from the stomach or bowels.

The treatment consists in the total abstention from all alcoholic drinks, which must not be taken under any pretext whatever; and the diet must be light and nutritious. The bowels should be kept open, and the patient should take as much exercise in the open air as possible. Complications must be treated as they arise.

**CLAVUS.** See **Hysteria.**

**CLERGYMAN'S SORE THROAT.** See **Hoarseness** and **Sore Throat.**

**CLUB-FOOT** (*Talipes*). Club-foot includes several deformities of the foot, due to contraction of various muscles. In the commonest form the heel is drawn up, and the patient walks on the ball of the foot. This is called *Talipes equinus*. In another form (*Talipes varus*), not only is the heel raised, but the inside of the foot is drawn up, and the toes are turned in, making the sufferer walk on the outside edge of the foot. In other cases, again, the reverse condition prevails, and the patient walks on the inside of the foot, causing the variety known as *Talipes valgus*. In yet another set of cases (*Talipes calcaneus*), the toes are drawn up, and the patient walks only on the heel.

For the proper treatment of club-foot surgical interference is necessary, and therefore a surgeon should be consulted without delay.

**COLD.** See **Catarrh.**

**COLD FEET.** This condition is due to a weak circulation, owing to which insufficient blood is sent to the extremities. It is a very uncomfortable complaint. People who suffer from it should always wear woollen socks, and keep the circulation brisk by plenty of active exercise. They should avoid warming their feet at a fire, as this is a frequent cause of chilblains.

Those who suffer from cold feet are apt to experience it most at night, when going to



bed, and nothing prevents good sound sleep so much as cold extremities. To prevent this discomfort, it is a good plan to immerse the feet in cold water just before going to bed, and then dry them with a rough towel, using plenty of "elbow-grease" and brisk friction.

**COLD IN THE EYES.** See *Conjunctivitis*.

**COLD IN THE HEAD** (*Coryza*). A cold in the head is a catarrh affecting the mucous membranes of the nostrils and pharynx. It is usually caused by a chill. If the cold goes no further it is not serious, though it occasions great discomfort; but if neglected, it may spread to the bronchial tubes, causing bronchitis.

The chief symptoms are a sense of stuffiness in the nose, with a discharge of thin mucus from the nostrils, exciting frequent sneezing. The eyes also water. The voice is thick, and headache is generally present to a certain degree. The bowels are generally costive.

The great point in treating a cold in the head is to confine the patient to one room. A day in bed will of itself often cure a cold in the head. The diet should be sparing, and as few liquids should be taken as possible. Medicinally, a tablespoonful\* of a mixture containing 1 drachm each of nitre and laudanum, with 2 drachms of sweet spirits of nitre, in 6 ounces of camphor water, may be taken every four hours.

**COLIC** (*Bellyache, Cramp or Spasm in the Belly, Gripes*). Colic is the name given to the severe

pain in the stomach caused by twisting movements of the bowels, due generally to the presence of gas or wind within them. It generally comes on suddenly, and is accompanied by constipation; the pain is most severe round the navel, and is *relieved by pressure*. There is no feverishness. It is to be carefully distinguished from peritonitis, which is also attended by severe abdominal pain; but the pain in peritonitis is greatly increased on pressure, and there is much fever. There is also a form of colic which attacks painters and others who are brought into contact with white lead. It is chronic in its course, and the sufferer often presents a characteristic blue line on the gums; and, in chronic cases, the extensor muscles of the wrist and forearm get paralysed, forming "wrist-drop" (see **Plumbism**), as it is called.

The first thing to do in colic is to make the bowels act. Give an ounce of castor oil with ten drops of laudanum in it.\* To relieve the pain, apply hot flannels to the stomach. After the bowels have moved, some warm brandy (a tablespoonful to a wineglass) may be given, or a teaspoonful\* of the following carminative mixture, every quarter of an hour till the pain is abated: Compound tincture of cardamoms, 2 drachms; spirits of chloroform, 1 drachm; tincture of opium,  $\frac{1}{2}$  drachm; bicarbonate of soda, 40 grains; and peppermint water to  $1\frac{1}{2}$  ounces.

For the treatment of lead colic, see **Plumbism**.

**COLIC, KIDNEY.** See **Calculus, Urinary**.

\* For doses for Children, see Introduction.

**COLLAR-BONE, FRACTURED.** See **Fractures.**

**COLOUR - BLINDNESS.**

As indicated by its name, colour-blindness is an affection in which the power of distinguishing colours is lost or diminished. From four to five per cent. of the population are sufferers from this complaint. In many cases it is hereditary. Little or nothing is known of its causation, though intermarriages are said to favour its production. Women rarely suffer from it. It is said, by an authority on the subject, that for the normal eye there are only three *elements* of colour, and in the colour-blind one of the three is lost. The colour-blind are said to see red and sea-green as *grey*; scarlet and green as *yellow*; and rose-colour and blue-green as *blue*.

There is no known cure or treatment of this affection, but it is said that if a colour-blind person wore glasses, one glass of which was red and the other green, he would be able to distinguish red and green.

**COMA** (*Stupor*). Coma is the Greek word for sleep, and signifies a total loss of consciousness owing to suspension of the functions of the brain. It may be the result of apoplexy, or of injuries to the head; of swallowing narcotic poisons, or exhaustion following on wasting disease, as fevers. As it is only a symptom, the treatment of it resolves itself into that which produces it.

**COMPOUND FRACTURE.** See **Fractures.**

**COMPRESSION OF THE BRAIN.** See **Brain, Compression of the.**

**CONCUSSION** (*Shock*). Concussion, or stunning, is due to some injury which, being communicated to the brain, causes all its powers to fall into abeyance. It may graduate between all stages, from a slight feeling of giddiness or headache to complete unconsciousness. In severe cases the patient lies motionless, is roused with difficulty when spoken to, the pupils are contracted, and the surface of the body is cold. It rarely ends fatally. After a varying period, reaction sets in, which is often accompanied by vomiting. The recovery may be perfect; but frequently some impairment of the mental powers is left, and the patient is apt to become unduly excited at the most trivial causes.

Concussion is to be carefully distinguished from *compression of the brain*, in which there is loss of consciousness caused by the brain being pressed on by some substance. This may be pus or matter in the cranial cavity, but is generally due to fracture of the skull, and consequent pressure of part of the broken bone on the brain. Here the breathing is noisy or stertorous, whereas in concussion it is noiseless. In compression all efforts to rouse the patient are vain. His motions and water are passed involuntarily. If his eyes are looked at, the pupils will be found either normal or dilated; or one normal and the other dilated, but never contracted, as in concussion.

The treatment of concussion is to let your patient lie quietly, with

plenty of fresh air round him and his clothing loose, till reaction begins. Warm blankets should also envelop him. As soon as he can swallow, give him a teaspoonful of aromatic spirits of ammonia in half a wineglassful of water, and repeat it in half an hour, if necessary.

**CONGESTION.** Congestion is the precursor of inflammation, and is due to an accumulation of blood in a part. It is caused by some obstruction to the venous circulation above the congested part.

The symptoms are swelling and redness of the part affected.

The treatment consists in removing the cause, and assisting the circulation, as by elevating a limb. A cooling lotion should be applied, such as vinegar and water in equal quantities, or  $\frac{1}{2}$  ounce of solution of subacetate of lead in 6 ounces of water. This should be applied on muslin rags, and changed as often as they become warm or dry.

**CONGESTION OF THE LIVER.** See *Hepatitis*.

**CONGESTION OF THE LUNGS.** See *Lungs, Congestion of the*.

**CONJUNCTIVITIS** (*Catarrhal Ophthalmia, Cold in the Eyes*). The conjunctiva is the mucous membrane lining the eyes and eyelids, and when it is inflamed we have conjunctivitis, or a "cold in the eyes," as it is called, from cold being the commonest cause of the affection. There is a feeling of grittiness, as if dust were in the eye, and after

a little the pain becomes acute, and the surface of the eye blood-shot. More or less discharge accompanies the pain.

Bathe the eye frequently with a solution of 10 grains of alum in 1 ounce of water, letting the medicine flow into the eye. Keep the eyelids smeared with a little spermaceti ointment, and avoid the light. It is well to wear a shade over the eye.

**CONSTIPATION** (*Costiveness, Faecal Accumulation*). Constipation may be only a mere passing feature, relieved after a day or two by a complete return to health; or in other cases it may be a sign of some other severe disease, as jaundice or obstruction of the bowels. But it often becomes a habit, a chronic condition by itself, and it is this simple constipation that is dealt with here.

The normal rule for a healthy man or woman is to have daily relief for the bowels, though in some rare cases the bowels only act every second or even third day. But the rule is, a daily motion. The chief causes to interfere with this daily action are slothfulness in attending to Nature's calls, and a sedentary life, without sufficient outdoor exercise. The bowels become torpid, and after remaining inactive for days together, they are "forced" by some pills or aperient medicines, which, being repeated and repeated in stronger doses each time, only make matters worse. The causes that have been mentioned explain why chronic constipation is more frequently met with in women than in men. Women have not so much open-

air work as men; and, again, their natural modesty will often make them less attentive to Nature's promptings.

The chief symptom of constipation is the patent one of inactive and sluggish bowels. In addition, there is present headache, giddiness, mental confusion, lethargy, and a hundred other minor trifles. But it is to be noted that constipation is a fruitful cause of the anæmia of women, and hence it assumes an importance which might otherwise be denied it.

In treating constipation, we must try and avoid all purgatives as far as possible. Our aim is to restore the lost tone to the bowels, so that they will act daily of themselves, without any undue forcing. The first thing to be done is to regulate the diet. Brown bread should be substituted for white, and three simple, plain meals should be taken per day. Curries, pickles, pastry, spices, and dried fruits should be avoided. Strong tea, too, must be forbidden. *Café au lait* should be taken for breakfast, and a cup of tea may be allowed in the afternoon, with brown bread. A plate of oatmeal porridge for breakfast, too, is a capital aperient. In addition to this, a tumbler of water (cold, or, if preferred, with the chill off) should be taken at bedtime, and the first thing in the morning. This should not be drunk at once, but slowly sipped. A cold or tepid sponge bath should be taken every morning, followed by a brisk application of a rough bath towel. A good sharp walk should be taken at least twice a day. It is important, too, to try and get the bowels to act each morning, by

having daily recourse to the stool, though it may be ineffectual. This regular solicitation of the bowels must be persevered in. If, after three or four days, the bowels have not acted, an enema consisting of equal parts of olive oil and water should be injected. If all these means fail, gentle *massage* may be had recourse to. Knead the stomach, when first awake in the morning, from right to left. In addition to this, try a dessert-spoonful of salad oil, taken twice a day. If the patient be a man, a pipe of tobacco smoked after breakfast will often have the desired effect. If all these means fail, recourse may be had to *Cascara sagrada*, 10 to 20 drops of the fluid extract being taken at bedtime. The aloine pill, too—the formula for which was given under **Anæmia**—is often of great benefit; but of course it should not be administered to children.

**CONSUMPTION** (*Decline, Phthisis pulmonalis*). This disease is the scourge of England, numbering our bravest and best as its victims every year. It is confined, it would seem, to climates of variable temperature, not being found in very hot or very cold countries. It is distinctly hereditary, but is not infectious. The chief pathological lesion in cases of consumption is found in the lungs, which are studded over with tubercles, especially at the tops (*see Tubercle*). They soften, degenerate, and finally ulcerate, destroying large patches of lung-tissue, and leaving cavities in their place. There has, too, been discovered in the expectoration of phthisical patients a minute bacillus; but whether this is the cause of the

disease, or itself a product of the tubercular degeneration, is not decided.

Phthisis usually appears between the ages of twenty and thirty, and runs a chronic course, though there are rare cases of acute phthisis, or *galloping consumption*. The victim of phthisis often presents a delicate, pale complexion, and not infrequently—especially among women—is endowed with great beauty. Consumptives, or those who are about to become consumptive, are generally of feebler health and more delicate constitution than others, even before the actual signs of phthisis have exhibited themselves.

The onset of phthisis is very insidious, though sometimes it manifests itself at once after some severe cold or acute disorder, such as measles. Great mental worry is often a predisposing cause of the disease. The first symptom noticeable is usually a short, hacking cough, coming on especially in the morning. It may first show itself in winter, and go away in summer, to return the following winter, till at last it becomes chronic. Then pain in the chest, about the collar-bones, is complained of. Dyspeptic symptoms, too, appear now, and the patient loses all appetite for fatty foods. After a little, breathlessness comes on, especially after exertion, such as climbing a hill or running up stairs. The patient now begins to lose flesh. There is little or no expectoration with the cough at first, but as the case progresses a glairy mucus is brought up. In the process of time streaks of blood are noticed in it, and sometimes a great deal

of hæmorrhage may take place. The expectoration later on consists of pus or matter coming from the large cavities which have been made in the lungs. With the progressing emaciation and debility diarrhœa appears, which is very troublesome, and difficult to control. Night-sweating, too, becomes a prominent and trying symptom: the patient's nightgown is simply saturated with sweat. Inflammation of the kidney, with dropsy, may supervene. The patient may die of exhaustion, or the rupture of a blood-vessel in the lung, and consequent hæmorrhage; or he may be carried off by acute bronchitis or pneumonia, incurred during the progress of the more chronic complaint.

In the treatment of phthisis, the great thing is to begin early and improve the general health. Eggs, milk, mutton, and fat bacon should form the staple diet, with cocoa as the beverage for breakfast. Alcohol, too, should be indulged in, in the shape of Bass' beer or Guinness' stout. But our great sheet-anchor is cod-liver oil. This should be taken persistently three times a day, in as large doses as the patient can stand. Unfortunately, in a great many cases cod-liver oil cannot be taken, and then Extract of Malt forms a good substitute. Koumiss, or Russian mares' milk, is often of great benefit. Cream should form a regular item of a consumptive's dietary; half a pint should be taken daily. In addition, a tonic must be taken, and the best of all is Fellowes' Syrup of the Hypophosphites. When pain is present in the chest, the liniment of iodine should be painted over

it with a brush. The patient should live as much as possible in the open air, avoiding, of course, damp and fogs. His clothing must consist of flannel. Cough medicines should be avoided as long as possible; but if the cough be severe and troublesome, a teaspoonful of the following linctus may be taken occasionally: Compound tincture of camphor, 1 ounce; oxymel of squills, 1 ounce; spirits of chloroform, 1 drachm; and water up to 4 ounces. When there is blood-spitting, ice should be given to the patient to suck, and astringents applied, such as the following: Dilute sulphuric acid, 2 drachms; liquid extract of ergot, 3 drachms; water to 6 ounces: one tablespoonful to be taken every four hours. To alleviate the night-sweats, sponging the surface of the body over at bedtime with tepid water and vinegar often gives relief. If it fail, a pill made up of 4 grains of oxide of zinc and  $\frac{1}{2}$  grain of extract of belladonna may be taken at bedtime. For the diarrhœa of phthisis bismuth is the best remedy, and a tablespoonful of the following mixture may be taken every four hours: Subnitrate of bismuth, 3 drachms; mucilage (freshly prepared),  $\frac{1}{2}$  ounce; tincture of catechu,  $\frac{1}{2}$  ounce; spirits of chloroform, 1 drachm; cinnamon water, up to 6 ounces. During the later stages of phthisis brandy may be freely given.

The climatic treatment of phthisis claims attention. The best climate for consumption is an equable one, where the atmosphere is free from humidity. Penzance is the place, *par excellence*, for the phthisical in England; but Torquay, Bournemouth, and

St. Leonards, are all good. Abroad, the Riviera is the chosen home of the consumptive. A sea voyage to Australia is also of great benefit. It is the fashion now, too, to send patients to the Alpine heights, and in many cases this seems to be attended with great amelioration of the symptoms. But every individual case must be decided on its merits. What is good for one may be bad for another. And this final word of caution may be given: When phthisis is firmly established, *home* is the best place. It is only cruelty to send away a confirmed phthisical patient to die among strangers, without any of the comforts of home attention.

**CONSUMPTION OF THE BOWELS.** See **Bowels, Consumption of the.**

### **CONTAGIOUS OR INFECTIOUS DISEASES.**

These terms refer to diseases which may be conveyed from the patient to others who were previously healthy. Sometimes a disease is contagious only by inoculation: such as cow-pox, or vaccination, and hydrophobia. But most infectious diseases are able to exert their influence over people who may be at a distance. The fevers (such as measles and small-pox) are the types of infectious disease, and for a further account of them the article on **Fevers** should be consulted.

### **CONTINUED FEVERS.**

See **Fevers.**

**CONTUSIONS** (*Bruises, Echy-  
mosis, Extravasation of Blood*).

Bruises are familiar phenomena to everybody, and are technically described as wounds inflicted with some blunt instrument, and unaccompanied by any tear of the skin. A black eye, described in a previous paragraph, is a good example of a bruise. The discoloration beneath the skin which follows on a bruise is called *ecchymosis*. It is due to the presence of blood in the areolar meshes of the tissue just beneath the skin, from the ruptured capillary vessels. It undergoes a series of changes in colour as the blood gets absorbed.

The treatment of a bruise consists in applying some cooling lotion, or ice-bags, to it, and raising the part, if a limb is the seat of injury. After the bruise has healed, a stimulating liniment, such as the popular hartshorn and oil, in equal quantities, may be applied.

**CONVULSIONS.** Convulsions are spasmodic contractions of the muscles occurring independently of any voluntary effort. They may affect any one muscle, or a group of muscles; they may be limited to one limb or one side, or they may attack the whole of the body. The most familiar forms of convulsions are met with in epilepsy and *infantile convulsions*, which are associated with the process of dentition.

Convulsions of themselves are very rarely fatal. During their presence care must be taken that the sufferer does not do any injury to himself, and all tight articles of clothing must be loosened. When a child is seized with convulsions, immediately put him into a hot bath, and then place

him in bed, and let him sleep comfortably till he wakes.

**CORNEA, INFLAMMATION OF THE.** See *Corneitis*.

**CORNEA, ULCER OF THE.** Ulceration may result in the cornea from previous inflammation, or may arise independently of it. The symptoms are, mainly, those described under *Corneitis*.

Ulcer of the cornea is often a very intractable disease, and no time should be lost in consulting a surgeon. As it is a disease of depraved nutrition, tonics and a free diet should be prescribed.

**CORNEITIS** (*Inflammation of the Cornea, Keratitis*). This is a disease of impaired nutrition, and is generally met with in the half-starved children of large towns. It is also an accompaniment of scrofula and syphilis.

The symptoms of corneitis are pain and grittiness in the eye, with intolerance of light, and an excessive secretion of tears. The cornea is seen to be injected with vessels, and as the disease progresses it loses its transparency, becomes hazy, and takes on an appearance which is likened commonly to "ground-glass." One eye is affected, as a rule, at first, but after a little the other eye is attacked also. The disease generally ends in restoration to health, but the sight is commonly diminished.

No drops of any kind should be poured into the eye. To relieve the pain the eye may be bathed with a fomentation made by dissolving 60 grains

of extract of belladonna in a pint of boiling water. The eye should be protected from the light by cobalt-coloured glasses, and when in the house the patient should be confined to a dark room. A generous diet is essential, and the patient should be put on a course of iron and quinine, as follows: Sulphate of quinine, 8 grains; tincture of steel, 2 drachms; infusion of quassia, to 8 ounces: for an adult, a tablespoonful to be taken three times a day.\* When scrofula is at the root of the disease, cod-liver oil must be prescribed, beginning with a teaspoonful night and morning, and gradually increasing the dose as the patient can take it.

**CORNS.** Corns are thickenings of the cuticle caused by pressure, and their "roots" extend into the true skin, they cause great pain and inconvenience.

Easy-fitting boots should be worn, and, after soaking the feet in warm water, the corn should be pared with a sharp razor. Corns may also be removed by the application of strong glacial acetic acid; but this should be used with extreme caution, as it is a powerful caustic. Soak a small piece of lint or cotton, rolled into a pencil-like form, in the acid, and touch the corn with it once every night.

**CORPULENCE.** See **Obesity.**

**CORYZA.** See **Cold in the Head.**

**COSTIVENESS.** See **Constipation.**

**COUGH.** Cough is only a symptom, not a disease in itself. It is generally associated with catarrh, phthisis, bronchitis, pleurisy, or pneumonia, and for the appropriate treatment of it, the paragraphs bearing on these diseases must be consulted.

**COUGH, WHOOPING.**  
See **Whooping-Cough.**

**COW-POX.** See **Vaccination.**

**CRAB-LOUSE** (*Pediculus pubis*). This parasite is the member of the louse family which most commonly attacks grown-up people. Its principal habitat is the pubic hair, but it may also be met with in the hair on the chest, under the armpits, and sometimes, though rarely, in the whiskers and eyebrows. It lives on the skin, and deposits its eggs on the hair. The crab, or any other louse, must always follow contagium; it *cannot arise de novo* in any case.

The principal symptom is great irritation, and the consequent scratching gives rise to an eruption. If not cured quickly, the constant irritation causes great debility.

The crab-louse is easily and effectually got rid of by rubbing into the parts affected a little white precipitate ointment, night and morning, till cured. Three days' application, as a rule, should suffice.

**CRAMP IN THE BELLY.**  
See **Colic.**

**CRAMP, WRITERS'.**  
See **Writers' Cramp.**

\* For doses for Children, see Introduction.



**CRAMPS OR SPASMS  
IN THE STOMACH.** See  
**Colic.**

**CRETINISM.** Cretinism is closely associated with goitre (*see Goitre*). Wherever goitre is endemic, there we have cretinism, though not every goitrous person is a cretin. Cretinism is congenital, and consists in arrest of development. Cretins are persons of short stature, with swollen bellies, and generally misshapen and deformed; they are usually goitrous, though sometimes the goitre is very little developed. They are of weak intellect, and frequently idiots.

There is no special treatment, apart from that proper to goitre.

**CROUP.** There are two distinct forms of this disease—*True croup*, and *false croup*, or *Laryngismus stridulus*, as it is called. The first is an inflammatory affection, and very fatal; while the latter is chiefly a nervous phenomenon occurring in rickety children, and generally results in recovery. Croup is essentially a disease of childhood, and is most common in the second year.

**True Croup** is, fortunately, not a very common affection, most of the cases which are so called belonging to the second variety. True croup is **infectious**, and, like diphtheria, is essentially dependent on the growth of a false, or new, membrane in the surface of the trachea or windpipe. Thence it may extend to the glottis and back parts of the throat, or down the bronchial tubes. Unlike diphtheria, it is only a local affection, and is unattended by any swelling of the glands below the jaw.

The onset of a fit of croup is generally sudden, and comes on in the night. The child has shown symptoms of being unwell for two or three days; he has been restless and feverish, his breathing has been difficult, and accompanied by a harsh cough. Sometimes some shreds of the membrane are coughed up. Then, all of a sudden, the child wakes up in the night, and looks as if it were going to die of suffocation immediately. The breathing is quick and hoarse, the face is livid, and a peculiar crowing inspiration is heard, terminating in a cough. Then all is quiet till the next fit. Croup generally proves fatal in four or five days.

The child must be kept warm, and in one room in which there is a fire. A teaspoonful of the following mixture should be given every two hours: Ipecacuanha wine, 1 drachm; honey of squills,  $\frac{1}{2}$  ounce; oil of aniseed, 2 drops; water, up to 2 ounces. When the fit comes on, a teaspoonful of ipecacuanha wine should be given every ten minutes till vomiting ensues.

**False Croup** (*Child Crowing, Laryngismus stridulus, Spasm of the Glottis*) is rarely fatal. It generally occurs in delicate children, and may be due to dentition, improper feeding, or the presence of worms in the intestines. There is no inflammation present in this form, which is due to spasmodic contraction of the glottis. It always comes on suddenly, there being no previous symptoms of ill-health. The child, which went to bed perfectly well, wakes up gasping for its breath, just as it does in true croup. In false croup, however, there are often present

spasmodic contractions of the muscles of the fingers and toes.

During the fit, place the child in a warm bath, and apply a hot sponge over the throat. When he comes out of the bath, sprinkle the face over with cold water. The cause of the fit must also be ascertained, and treated. If it is due to a loaded stomach, an emetic should be at once administered. A teaspoonful of ipecacuanha wine may be given, and repeated, if necessary, in a quarter of an hour. Failing that, a teaspoonful of mustard in a teacupful of warm water should be had recourse to.

**CURVATURE, ANGULAR.** See **Angular Curvature.**

**CURVATURE, LATERAL.** See **Lateral Curvature.**

**CUTS.** See **Wounds.**

**CUT THROAT.** This injury is generally self-inflicted. Fortunately, most would-be suicides cut their throats in the middle line, injuring the wind-pipe, and perhaps the gullet, but avoiding the great blood-vessels which course along the side of the neck. In a cut from "ear to ear" they are much more likely to be divided, and when they are, the bleeding from them proves fatal in a few minutes. But when they are unsevered, a cut throat is by no means necessarily fatal.

In the vast majority of cases the wound is merely superficial, and the treatment is that of an ordinary wound. When the wind-pipe is divided, the throat ought not to be stitched, but the parts

kept together by taking a long bandage, tying it over the head and under the chin, and then bringing the ends down to the sides of the chest, and confining them there by another bandage. The patient ought to be confined to bed, and propped by pillows in a sitting-up posture. He must be carefully watched, and restrained from doing himself further damage. If the wind-pipe is injured, a light compress of cotton-wool should be applied over the wound. It is almost unnecessary to state that all bleeding should be arrested (see **Hæmorrhage**). The chief danger to guard against is the supervention of **Bronchitis** and **Pneumonia** (which see). The patient should therefore be placed in a warm atmosphere, and, if there is any difficulty of breathing, the bronchitis-kettle used. In all cases, of course, a surgeon should be sent for.

**CYANOSIS.** Cyanosis, a name derived from the Greek word meaning blue, signifies that dark or bluish condition of the face due to non-aëration of the blood. This is caused by any disease interfering with the pulmonary circulation.

It is seen in pneumonia, bronchitis, and long-standing cases of heart disease. The treatment of it is that of the disease producing it.

**CYNANCHE.** See **Quinsy.**

**CYSTITIS** (*Inflammation of the Bladder*). Inflammation of the bladder, when acute, is usually the result of venereal disease in the young. Cystitis is, more com-

monly, chronic, resulting from the presence of a stone in the bladder; or it may be caused by a stricture, or associated with gout.

The symptoms are: Tenderness over the lower part of the abdomen, with pains about the back, groin, and privates. There is a frequent desire to pass water, and the urine is alkaline, and thick, from the presence of mucus.

When the pain is acute, hot fomentations should be placed over the abdomen. The hot hip-bath, too, is of great service. The bowels should be opened by 5 grains of calomel and a tablespoonful of castor oil. The diet must be light, and the best thing to drink is lemon juice. A tablespoonful\* of a mixture containing 2 drachms each of bicarbonate of potash and tincture of henbane, in 6 ounces of infusion of buchu, taken every four hours, will give relief.

**CYSTS** are tumours containing fluid or solid matter in their interiors, and limited by a lining-wall. The most common form of cyst is that containing serous matter, which is called a *serous cyst*. Cysts often arise from the excretory tube of a gland being obstructed, thus causing its secretion to be retained. This is the origin of the cystic tumour known as a wen (*see Wens*).

The treatment is purely surgical.

**DANDRIFF.** *See Pityriasis.*

**DANDY FEVER** (*Dengue, Break-bone Fever*). This disease

is never seen in England, but it occasionally breaks out in epidemics in India and America. It seems to be a specific fever, and is highly **contagious**. It is probably due to a germ.

The onset of dengue is generally sudden, and the patient is seized with shiverings, and all the signs of fever. In addition, he has severe pains about the joints. About the third day a little reddish eruption breaks out on the feet and hands, and spreads to other parts of the body. After a few days convalescence seems to be restored, but in three or four days the patient suffers a relapse, and goes through the same course of symptoms. A second relapse may also take place. As a rule, convalescence is pretty well established from the sixth week to the second month. Delirium is very seldom present in dengue, which is hardly ever fatal.

There is no special treatment, other than that for ordinary fever (*see Fever*). During convalescence, a tonic, such as quinine wine, will be found beneficial.

**DEAF-MUTISM.** This is generally the result of deafness from birth. A child learns to talk by hearing others do so, and imitating them; but if from any reason he is deaf, of course he is unable to do so. The condition may also result from deafness following scarlatina or measles at an early age, when the child, having lost his hearing, forgets in time also his speech. More or less weakness of intellect is apt to be associated with this condition.

Up till lately little could be

\* For doses for Children, see Introduction.

done for these sufferers. But now there are places in England, modelled on a German plan, by which a very great amount of education can be taught these patients by a system of "lip reading," as it is called; but the details of the method would take too much room to describe here.

**DEAFNESS.** The ear is a most complicated organ, and deafness may result from many different causes. In some cases it is simply due to an accumulation of wax in the meatus, when a syringing with warm water will remove the cause and restore the hearing. In other cases it is due to perforation of the tympanum, or drum, and to suppuration going on in the middle, or internal ear; these cases are apt to follow on scarlet fever and measles.

The great symptoms are pain and throbbing in the ear, deafness, and a discharge of matter from the external opening. While there are signs of inflammation present—as evidenced by the pain and the throbbing—the ear should be poulticed. A good poultice for the ear may be made by boiling an onion, taking out the core, and inserting it into the ear. A hot linseed poultice may then be also applied externally over the ear. The patient should also take drop-doses of the tincture of aconite, in a teaspoonful of water, every four hours, and the bowels should be acted on by 4 or 5 grains of grey powder. When the inflammatory symptoms have subsided, the ear should be kept scrupulously clean by frequently washing it out with a little tepid water. To cure the discharge, a little cotton-wool, soaked in glycerine of tannin,

should be inserted into the ear, and changed three times a day. The patient should be put on cod-liver oil and Parrish's Chemical Food.

**Throat Deafness** occurs when the Eustachian tube gets blocked up by inflammatory products. This is generally the result of bronchitis, sore throat, or cold in the head, extending along the tube.

In treating cases like this, steam inhalations should be had recourse to. Fill a  $\frac{1}{2}$ -pint jug about three-quarters full of hot water; place a towel over the mouth, and making a funnel-shaped opening at one corner of the towel for the mouth, inhale the steam for ten minutes night and morning. A patient must not go out for at least half-an-hour after steaming the throat. If this does not benefit after a trial, further means must be had recourse to, which can only be applied by a surgeon.

Throat deafness often arises from enlarged tonsils. In the treatment of this affection, gargles of 30 grains of alum, dissolved in 6 ounces of water, must be used frequently. The tonsils ought also to be swabbed over night and morning with glycerine of tannin, applied by a camel-hair brush.

There are other cases of deafness which do not arise from actual disease of the organs connected with hearing, but from nervous debility. This is called nervous deafness, and the condition varies, the patient hearing better some times than at others. The treatment of this form of deafness is to give tone to the system, improving the nutrition by good food and out-

door exercise. Tonics, such as quinine and iron (prescribed under the heading **Debility**), ought also to be taken.

**DEBILITY** (*Weakness*). Debility always follows on any acute inflammatory disease, or is associated with some chronic constitutional condition, as consumption. In our days we have a form of debility known as "nervous," due to the intense pressure under which the conditions of modern life are passed.

The treatment of debility consists in change of air and scene, light work, healthy exercise, and good food. Tonics, such as quinine, iron, and strychnine, are also beneficial, and the following prescription is an example of a combination of them: Quinine and sulphate of iron, 8 grains of each; dilute sulphuric acid,  $\frac{1}{2}$  drachm; infusion of calumba to 8 ounces: one or two tablespoonfuls, three times a day, after meals.\*

**DECLINE.** See **Consumption**.

**DEGENERATION.** Degeneration is said to take place when a tissue resolves itself into one of a lower type, as when muscular tissue becomes fatty. All the tissues and organs are liable to various forms of degeneration, especially in advancing years, when the term *senile degeneration* is used to include all the various forms. Degeneration may be due to disuse of a part or muscle, to a deficient supply of blood, or to the blood being impure; or, lastly, to diminished vitality in the body altogether.

The chief forms of degeneration are the *fatty* and the *fibrous* (which explain themselves by their names), and the *lardaceous* or *waxy*, and *amyloid*, in which a peculiar starchy-like substance is formed in place of the healthy tissue. These last forms are chiefly met with in the liver and kidneys.

There is no treatment, as we have no means of replacing tissue that is worn out or used up.

**DELIRIUM TREMENS,** or "D. T.," is a nervous disease, produced by over-indulgence in alcohol. It used to be thought that it was caused by sudden abstinence from drink; but this is not the case. It is the *direct result* of too free partaking of alcohol. It also comes on, in those who have been free drinkers, when they are attacked by some other acute disease, as, for instance, inflammation of the lungs.

Delirium tremens is insidious in its onset. Among the first symptoms are loss of appetite and sleep, and general restlessness. Then the mind begins to wander, and the patient becomes subject to hallucinations; he imagines people are trying to do him mischief, and becomes suspicious of everyone. Then he fancies he sees insects, snakes, dogs and all sorts of animals, before him. At first he can be roused from this state, and induced to talk intelligently, but after a little he loses all rational coherence. He generally imagines himself to be engaged in his business, and is busy giving all sorts of orders. With these mental symptoms there are also bodily ones, the most noticeable of which

\* For doses for Children, see Introduction.

is the tremulousness of the muscles, which has given its name to the disease. This feature is most marked when the muscles are in exercise: when he stands, his legs are unsteady, and when he lifts his arm, the fingers tremble. The tongue, when protruded, vibrates, and is seen to be coated with a moist white fur.

“D. T.” rarely ends fatally. After three or four days the patient falls into a sound sleep, from which he awakes refreshed. In some few cases, however, especially after several attacks of the disease, death ensues. The symptoms that would make us suspect an unfavourable issue are persistent tremulousness of the muscles, especially during sleep, and epileptiform convulsions.

The first thing to be done in a case of “D. T.” is to separate our patient from everyone, in a room by himself, removing from it all articles by which he might do himself any harm. It is seldom necessary to use any violent measures of restraint, but an experienced attendant should watch him closely night and day. The next step is to supply the system with appropriate nourishment in the shape of milk, beaten-up eggs, beef-tea, and broths. These should be given in small quantities, at frequently-repeated intervals. All alcoholic stimulants must be rigorously withheld. It is a debated question whether sleep should be induced by artificial means, such as opium or chloral. But, at any rate, these remedies should only be given under medical advice. In the absence of a doctor, however, a tablespoonful of a mixture of 2 drachms of bromide of potassium, in 6 ounces of water, may be given

every four hours. During convalescence tonics should be given, and especially quinine, as in the following mixture: Sulphate of quinine, 6 grains; dilute nitrohydrochloric acid, 1 drachm; and compound infusion of gentian to 6 ounces: one tablespoonful to be taken three times a day.

**DEMENTIA.** See **Insanity.**

**DENGUE.** See **Dandy Fever.**

**DERBYSHIRE NECK.**  
See **Goitre.**

**DIABETES INSIPIDUS** (*Polyuria*). This is a disease characterised by increased secretion of a colourless urine. The urine contains no sugar, and hence the name of the disease, to distinguish it from *Diabetes mellitus*. It is met with more frequently in men than in women.

The disease must run its course, as all medicinal treatment is unsatisfactory; but the liquid extract of ergot, taken in 30-drop doses, in a teaspoonful of water, three times a day, is highly recommended by some writers, and may be tried.

**DIABETES MELLITUS** (*Glycosuria*). This is true diabetes. Its pathology is obscure, but its symptoms are very patent. Great hunger and thirst are experienced in this disease, and the prominent feature is the passage of a greatly increased quantity of urine, which may rise to ten, fifteen, or twenty pints a day. The urine is colourless, of a high specific gravity, and contains sugar. The sugar can only be recognised by chemical tests.

Along with these symptoms, there is progressive emaciation and debility. The skin is dry, and the bowels are torpid.

In advanced cases carbuncles are apt to form, and cataract very often appears. Diabetes mellitus generally tends to a chronic and fatal course; it may be one year, or it may be five or six; but recovery is very rare.

Medicine is of little or no use in treating this disease. The most important thing to do is to regulate the diet. Sugar, and all foods containing sugar or starch, must be rigorously avoided. Saccharin may be used in the place of sugar, to sweeten tea or coffee. This substance may be obtained, in the shape of little pellets, at the chemist's, one being enough for a cup. A milk diet is the best, but a little animal and vegetable food may be allowed. Liver must not be eaten. Except greens, spinach, and watercress, all vegetables must be avoided. Bread is forbidden, but there are various substitutes for it, in the shape of bran cakes and gluten bread, which the diabetic patient may indulge in; these are prepared by special bakers. The only stimulants he should take are a little dry sherry and whisky-and-water, and two small wineglassfuls of these are the daily limit, which must not be exceeded.

**DIARRHŒA** (*Bowel Complaint, Looseness of the Bowels*). Diarrhœa is a symptom of many grave diseases, notably typhoid fever, and the treatment in such cases must be as given under those specific headings. But in some cases of *simple* diarrhœa,

due to dentition (in children), or cold, or some error in diet, it may be so profuse as to need treatment of itself.

In the diarrhœa of children consequent on dentition, 2 or 3 grains of grey powder should be given, followed by lime-water (mix  $\frac{1}{2}$  ounce of lime-water with 1 ounce of water, and give a teaspoonful every two or three hours). If this is ineffectual, a teaspoonful of the chalk mixture of the Pharmacopœia may be given, after each motion, till the diarrhœa ceases.

In other cases it is not wise to stop the diarrhœa all at once, as it is Nature's effort to get rid of offensive material. The best thing to take first is one or two tablespoonfuls of castor oil, with 10 drops of laudanum in it, and restrict the diet. In the case of children, of course the dose must be smaller, and only 3 drops of laudanum used. If the diarrhœa still continue, take a tablespoonful\* of the following mixture every four hours: Dilute sulphuric acid, 2 drachms; tincture of opium, 1 drachm; spirits of chloroform, 1 drachm; and peppermint water to 6 ounces. Arrowroot with a little brandy in it (from a teaspoonful to a tablespoonful, in a small cup of arrowroot and water) is the best food.

**DILATED BRONCHI OR AIR-TUBES.** See **Bronchiectasis.**

**DIPHTHERIA** (*Putrid Sore Throat*). Diphtheria is an **epidemic** and highly **contagious** disease, characterised by the formation of a new membrane on the

\* For doses for Children, see Introduction.

tonsils and back part of the throat, whence it may spread to other parts. It is ushered in by feverish symptoms, debility, and a feeling of stiffness about the jaw, under which the glands may be seen to be swollen. If the throat is inspected, patches of the membrane may be seen over the fauces and tonsils. The membrane is of a dirty grey colour, and if a piece of it is removed by means of forceps, a raw surface is left. The exudation of false membrane may extend down the gullet, or back part of the nostrils; but more frequently it invades the windpipe and bronchial tubes. Great difficulty of breathing is then experienced, accompanied by a harsh, clanging cough, during which shreds of membrane are often expectorated. The breathing is loud and hoarse, and death may occur from suffocation. In other cases, the diphtheritic membrane may form on any ulcers or raw surfaces that are present on the body.

Diphtheria is always accompanied by great weakness and anæmia. In cases where the membrane does not spread past the throat, convalescence is established about the second week, but the debility remains for a long time. After a period varying from between three or four weeks to two months, paralysis may supervene. This first attacks the soft palate, and there is difficulty in speaking and swallowing, the food having a tendency to go the wrong way. It may then invade the lips and arms, and the eye may also be attacked. The paralysis consequent on diphtheria has a tendency to shift from one part to

another. It disappears after more or less time.

Many forms of treatment have been vaunted for diphtheria, but the best remedy, internally and locally, is iodine. Put 1 drachm of liniment of iodine in 8 ounces of water, and gargle the throat frequently with it. For children who are unable to gargle, dilute the same quantity of iodine liniment with 4 ounces of water, and paint the affected parts of the throat all over with it. A tablespoonful (in the case of an adult)\* of the following mixture should also be taken every four hours: Iodide of potash, 2 drachms; tincture of iodine,  $\frac{1}{2}$  drachm; syrup, 1 ounce; and water to 5 ounces. If the inflammation spread down the bronchial tubes, add 2 drachms of tincture of senega to the mixture. In such a case, tracheotomy offers often the only chance of recovery, and resort should be had to it at once. This is an operation which only a surgeon can perform. He makes an opening into the trachea, or windpipe, below the seat of obstruction, and thus admits air to the lungs. As soon as the inflammatory symptoms have subsided, the patient should be put on full doses of steel, as follows: Tincture of perchloride of iron,  $\frac{1}{2}$  ounce; glycerine, 1 ounce; water, to 6 ounces: a tablespoonful\* every four hours. The patient should be kept in a warm room, and his strength maintained by a liberal supply of milk, beef-tea, eggs, and broth. Port wine, also, should be freely administered. Ice to suck also affords great relief.

For the paralysis consequent on

\* For doses for Children, see Introduction.



diphtheria, tonics, change of air, and Faradisation (which means the application of electricity), are the appropriate remedies.

**DIPSOMANIA.** See **Alcoholism.**

**DISEASES, CONTAGIOUS OR INFECTIOUS.** See **Contagious or Infectious Diseases.**

**DISLOCATIONS.** A dislocation is the displacement of the ends of two bones forming a joint. It is generally caused by violence, but is sometimes due to muscular action. Though any of the joints may be the seat of dislocation, the lower jaw, shoulder, and thigh, are the most subject to it.

The signs of dislocation are deformity of the joint and immobility. Dislocation has to be carefully distinguished from fracture. A dislocation, of course, is always in the neighbourhood of a joint. In fracture, again, we get increased mobility of the broken limb, whereas in dislocation there is less power of movement. A dislocated limb, again, is generally longer than the sound one, while a fractured limb is, as a rule, shorter. Further, in dislocation there is absent the great sign of fracture, namely, *crepitus*, which is a rough, grating feeling experienced by the hand of the examiner on rubbing the ends of the broken bone together.

The surgeon has to reduce the dislocation—that is, put the bones into their proper place; and the sooner this is done, the better. If the patient has to be carried any distance to the surgeon, it will be necessary to prevent

further injury by bandaging the dislocated limb so that it cannot be hurt, by a broad towel or triangular bandage.

**How to Reduce.**—In the absence of a surgeon, a few hints as to the reduction of the chief dislocations may prove useful:

*Dislocation of the Lower Jaw.*—The chief signs are inability to shut the mouth, while the saliva dribbles away from the sides; the patient cannot talk or swallow. This accident is generally caused by a blow on the chin while the mouth is open. To reduce, fix the patient's head against the wall, and placing one thumb over each back molar tooth, press the jaw down and back. A towel or a napkin should be wrapped over the thumb before reduction is attempted, for the jaw goes back into its place with a snap, which may give the operator's finger a nasty bite. After reduction is effected, a four-tail bandage should be applied under the chin, and tied on the top of the head and behind the neck: Take  $1\frac{1}{2}$  yard of a wide roller-bandage, split it up to within 3in. of the centre, and cut a slit in the centre. Then place the chin in the slit, carry up two ends of the bandage to the crown of the head, tie them there, and fasten the other two ends at the nape of the neck.

*Dislocation of the Shoulder.*—The head of the humerus, or arm-bone, may be dislocated in three different directions — *backwards*, *forwards*, or *downwards into the armpit*. In the forward dislocation, the head of the humerus may be felt under the collar-bone, and the arm is shortened, while the elbow projects backwards. In the backward dislocation, the elbow

projects forwards, while the head of the bone is felt over the shoulder-blade. In the dislocation into the armpit, the head of the bone is felt in that space, and the arm is longer than the sound limb. All three dislocations may be reduced by the same method. The patient lies down on a sofa, or the floor, while the operator, taking off his boot, places his heel well up into the injured armpit, and grasping the arm, pulls it steadily downwards till the bone goes into place. Great care must be taken not to use undue force.

*Dislocation of the Thigh.*—This is an accident met with in adults far more often than in children. Like the arm-bone, the thigh can be dislocated in two or three different directions. The symptoms in the form most frequently seen are a shortening of the injured limb by about lin. or 1½ in., and a partial rotation of it inwards, so that the toes rest on the instep of the other foot. In a rare form of dislocation, the limb is lengthened by about lin., while at the same time it is slightly turned outwards, and away from the sound leg; the toes are pointed forwards, and towards the ground, while the body of the patient also inclines forwards.

It is useless for anyone but a surgeon to attempt to reduce a dislocated hip, as it is an operation requiring a great deal of manipulative skill and anatomical knowledge, and involves, as a rule, the administration of chloroform. The patient should be put to bed, to await the surgeon's arrival; or, if he has to be transported, the injured limb should be tied to the sound one by two or three broad handkerchiefs. For

rules of transport, see the article and diagrams under the heading **Accidents.**

These are the principal dislocations which occur, that of the shoulder being by far the most frequent. Of course, the thumb, the hand, the knee, the ankle, or, in fact, any joint, may become dislocated; but such accidents are so rare that it is of no practical value to discuss them separately. They can generally be recognised by the altered shape and immobility of the joint. A little gentle traction, as a rule, sets the bone again, and then a bandage should be applied, to keep the part immovable for a day or two after the accident.

### **DISSECTION - WOUNDS.**

See **Wounds.**

**DRAIN FEVER.** See **Enteric Fever.**

**DROPPED WRIST.** See **Colic and Plumbism.**

**DROPSY** (*Anasarca, Ascites, Edema*). Dropsy is an accumulation of fluid, either in the subcutaneous areolar tissues, or in some one of the great closed cavities of the body. The fluid is the serum of the blood. When the dropsy is limited to some one part of the areolar tissue of the body, as, for instance, the foot or leg, it is called *œdema*. When it is general, it is called *anasarca*. Dropsy is more a symptom than a disease, and is also distinguished according to the organ that is chiefly at fault. When dropsy is due to disease of the heart, it is called *cardiac dropsy*. This generally begins in the feet and

legs. *Renal dropsy*, due to kidney disease, begins in the face. *Hepatic dropsy*, caused by the liver being at fault, is generally a local affection, at least at first. Here the fluid accumulates in the great peritoneal cavity of the abdomen, and the condition is called *ascites*.

The swelling caused by dropsy is generally recognised by the fact that, when the finger is pressed into it, a distinct "pit" remains for a few moments after removing the finger. The dropsy of ascites is more difficult to diagnose. Here we have a swelling of the abdomen, but pitting is absent. It may be observed, however, to shift from side to side as the patient moves his position. If one hand, moreover, of an observer be placed over one side of the abdomen, and a sharp tap given to the opposite side by the finger of the other hand, an impulse characteristic of the presence of fluid may be detected.

In treating dropsy, we first try to ameliorate the condition of the organ causing it. But we also try to get rid of the fluid by means of appropriate remedies. Such remedies are to be found in the class of medicines known as diaphoretics and diuretics, which increase the action of the skin and kidneys; and the following medicine may be taken, in table-spoonful-doses, three times a day:\*

Citrate of potash, 1 drachm; solution of acetate of ammonia, 2 drachms; and water to 6 ounces. The bowels are also to be kept freely open by 20 or 30 grains\* of compound jalap powder, if necessary. It would be impossible to

give more details of the treatment of dropsy here, for so much depends on the individual, and on the organ at fault, that each case should be treated on its own merits by the physician or surgeon in attendance.

### **DROPSY OF THE CHEST.**

See **Hydro-thorax**.

### **DROPSY OF THE KIDNEYS.** See **Hydro-nephrosis**.

**DROWNING.** See **Suspended Animation**.

**DRUNKENNESS.** See **Alcoholism** and **Delirium Tremens**.

**DUMBNESS.** See **Deaf-mutism**.

**DUODENUM, PERFORATING ULCER OF THE.** See **Burns and Scalds**.

**DYSENTERY** (*Bloody Flux*). Dysentery is a disease of the bowels characterised by inflammation, which sets up a diarrhoea in which the stools are mixed with blood, and there is great pain or straining accompanying the motion. Dysentery is **non-contagious**, and may break out in a scattered form anywhere. It is also **epidemic** in tropical climates. It may be *acute* or *chronic*.

The first symptoms in all forms is diarrhoea. After four or five days, shiverings set in at night, and pain is felt in the stomach. There is great straining, and after a little, small, bloody stools are passed. The disease may

\* For doses for Children, see Introduction.

last in this condition for about a week, and then convalescence be established. In other cases, the discharge goes on unchecked, and the patient sinks of exhaustion.

The diet in a case of dysentery must be entirely confined to milk, broths, and beaten-up eggs. Starch enemata (containing 2 ounces of starch-mucilage with half a teaspoonful of laudanum) should be injected into the bowel every four hours; in the case of children under seven years of age, half that amount of laudanum should be used. The best medicine to give is ipecacuanha, which may be administered in the form of the powder, in 5, 10, or 20-grain doses every four hours, beginning with the smallest dose, and increasing it if necessary.\* If collapse threatens, full doses of brandy should be given. By "full doses," we mean giving tablespoonfuls of brandy, in two tablespoonfuls of cold or warm water, every half-hour, till the symptoms of collapse have disappeared.\* When convalescence is established, a change of air is imperative.

During an epidemic of dysentery, flannel ought to be worn next the stomach, and all fruits and vegetables should be avoided. The discharges of dysenteric patients should be disinfected by adding Condy's Fluid or Sanitas to them. The bowels should not be allowed to get constipated, and if there is any tendency thereto, it should be corrected by an occasional dose of Gregory's Powder.

**DYSMENORRHŒA** (*Painful Menstruation*). All menstruation is attended with more or less

pain and constitutional disturbance, but when the pain is above a certain degree, the condition of dysmenorrhœa is reached. It is generally met with in weakly, anæmic girls, and is the result of the aimless, indolent life led by so many women of the present day.

During the attack the hot hip-bath must be had recourse to, and the patient put to bed. Warm gruel should be given her, but she should avoid hot gin and brandy-and-water, as is so often prescribed. If the pain is very severe, 10 drops of laudanum may be given in a teaspoonful of water. In the intervals she should be put on a liberal diet, with claret or stout, and should take a teaspoonful of Easton's Syrup in a small wineglassful of water three times a day.

**DYSPEPSIA.** See **Indigestion.**

**DYSPHONIA.** See **Sore Throat.**

**DYSPNŒA** (*Shortness of Breath*). Dyspnœa may be caused by some mechanical obstruction to the entrance of air to the lungs, but is generally a symptom indicative of heart or lung disease.

The treatment of dyspnœa, apart from that of the condition producing it, is to help the circulation by means of a stimulant, as a teaspoonful of sal volatile or a glass of brandy-and-water.

**EARACHE.** Earache is associated with most diseases of the ear, but it often arises from indigestion, a decayed tooth, or nervous exhaustion.

*For doses for Children, see Introduction.*

By applying poultices, or by inserting the core of an onion, boiled soft, into the meatus, the pain may be relieved. If these means fail, a little cotton wool, saturated with almond oil and 30 or 40 drops of laudanum, may be inserted. If the bowels are confined, they should be relieved by a tablespoonful\* of Gregory's Powder in a wineglassful of water; and if there is any ear disease, it must, of course, be attended to.

**EAR, BLEEDING FROM THE.** Bleeding from the ear is the result of direct violence, such as a "box" on the ears. It is also a sign of fracture of the skull, especially when accompanied by a watery discharge.

The general treatment of such cases is indicated under the head of **Syncope**. The patient should be kept quiet, and a pad of cotton or lint, soaked in cold water, applied to the ear. Syringing the ear should be avoided, for fear there is any injury to the meatus or tympanum.

**EAR, DISCHARGE FROM THE.** See **Otorrhœa**.

**EAR, NOISES IN THE.**  
See **Noises in the Ear and Head**.

**ECCHYMOSIS.** See **Black Eye and Contusions**.

**ECSTASY.** See **Catalepsy and Ecstasy**.

**ECTHYMA.** See **Impetigo**.

**ECTROPION AND ENTROPION.** Ectropion is a disease of the eyes, or, rather, of the

eyelids, in which the latter are everted, or turned out. The opposite condition, in which the eyelids are inverted, is called entropion.

Both conditions may be the result of disease, or of accidents, such as blows or burns on the eye. To remedy, operative interference is necessary.

**ECZEMA** (*Bakers' Itch, Grocers' Itch, Moist Tetter, Running Scall, Scald Head*). This is a disease of the skin attended with a great deal of itching and constitutional disturbance. It may attack people of any age. It is a **non-infectious** disease, but can be propagated by inoculation. It may come on any part of the body, but usually attacks the limbs. Certain occupations seem to predispose to it, and thus we have *bakers' eczema*, or *itch*, occurring on the hands.

Eczema begins with the appearance of a few scattered pimples, which after a day or two become filled with fluid. These vessels burst, and discharge their contents, which form a thick crust on the part, of a palish yellow or red colour. The progress of the disease is generally chronic; but after a shorter or longer period, the crusts separate, and the skin scales, and the part gradually assumes its healthy appearance.

A change of air will often cut short an attack of eczema. The diet should be light, and easily digested. The bowels must be kept well open. Internally, tonics, and especially arsenic, are indicated: Fowler's Solution, 1 drachm; and compound infusion of gentian, 6 ounces. Take a tablespoonful\* three times a day,

\* For doses for Children, see Introduction.

after meals. Locally, many different applications are used. In the acute stage, while there is much inflammation, a lotion composed of 1 drachm of acetate of lead in 6 ounces of water will give as much relief as anything. When the acute symptoms have subsided, zinc ointment is to be applied. Patients liable to attacks of eczema should be very careful as to the soap they use. Vinolia soap is highly recommended in this condition, and for all persons with delicate skin.

**ELEPHANTIASIS** (*Barbadoes Leg*). This is a disease of hot countries characterised by an overgrowth of the subcutaneous tissues. It generally attacks the leg, and makes it swell and become thick and brawny. There is nothing to be done for it in the shape of home treatment.

**EMBOLISM AND THROMBOSIS.** These conditions are nearly allied, and almost always associated together. *Thrombosis* means the coagulation of blood within the heart or vessels. This is generally due to a stagnation of the circulation, or to the blood passing over some diseased patch of a vessel. When a clot is detached, and carried away in the circulation till it reaches some small vessel where it sticks, and thus blocks up the channel, it is called *embolism*. An embolus often consists of a little patch off a diseased valve of the heart, and is thus one of the consequences of rheumatic fever.

Embolism may occur anywhere, but is chiefly met with in the brain, lungs, liver, and lower extremities. The result of the for-

mation of an embolus is the gradual disintegration of the tissues of the organ, as seen, for example, in softening of the brain (see **Softening of the Brain**). If the embolism occur in a limb, all the parts which are deprived of their blood-supply would ultimately die.

The symptoms of embolism come on suddenly, but are very obscure, except to a medical eye; and little can be done to remove the embolus. It may be remarked, however, that it is essential to keep the patient in a recumbent posture; and a glass of brandy-and-water, with half a teaspoonful of sal volatile, should be given if fainting supervene. If the veins of a limb are plugged, the limb should be kept elevated; and a little gentle friction of the limb, in a direction towards the heart, will aid in giving relief.

When an embolus occurs, the patient should be kept in bed till all active symptoms are over. As there is a tendency to recur, the patient should lead as quiet a life as possible. His diet should be plain, and all stimulating drinks must be avoided.

**EMPHYSEMA OF THE LUNGS.** Emphysema is a disease in which the final air-cells, or lobules of the lung, get dilated, while the walls between them atrophy and waste away, so that cavities are formed. It is usually the result of some other lung disease, as whooping-cough, bronchitis, or tubercle. It is also met with, in old persons, owing to simple atrophy of the interlobular walls, and in this form is called *senile emphysema*.

The chief symptoms are cough,

difficulty of breathing, pain in the chest, and cyanosis, or lividity of the face (*see* **Cyanosis**). In old people, the chest becomes of a rounded form, or barrel-shaped, as it is called. When young people are the subjects of this complaint, they become pigeon-breasted.

The treatment is to palliate the symptoms as they arise as much as possible. The patient should live in a warm climate, if possible, and wear flannel. Stimulants are necessary, and if there is much cough, with difficulty of expectoration, a tablespoonful\* of a mixture containing 1 drachm each of spirits of ether and sal volatile, 8 grains of carbonate of ammonia, 2 drachms of tincture of senega, and  $\frac{1}{2}$  ounce of paregoric, in 6 ounces of infusion of senega, may be taken every four hours. Smoking stramonium cigarettes often relieves the distressed breathing.

**EMPHYEMA.** Empyema is one of the results of *pleurisy with effusion* (*see* **Pleurisy**). It occurs when the fluid which has been poured out between the pleura degenerates into pus, or matter. The condition can only be recognised by those who have had medical training. The patient who has been suffering from pleurisy or pneumonia gets very low, his breathing becomes more distressed, his face livid (*see* **Cyanosis**), his breath offensive, and his whole condition one of extreme prostration, fever, and collapse. Stimulants, such as brandy-and-water (a tablespoonful in a wineglass of water), with teaspoonful-doses of sal volatile, should be given every two or three hours, and the strength

kept up by beef-tea and nourishing soups.

**ENCEPHALITIS** (*Inflammation of the Brain*). Encephalitis is, happily, an extremely rare disease. It may be due to injury, to extension of inflammation from neighbouring parts, or to the presence of clots or foreign bodies in the substance of the brain.

The symptoms are vague, and comprise fever, delirium, dulness of intellect, convulsions, and coma.

The treatment consists in keeping the patient quiet, in a dark room, with his head shaved and ice-bags applied to it, and alleviating the various symptoms that may declare themselves.

**ENCHONDROMA.** *See* **Tumours.**

**ENDOCARDITIS.** Endocarditis is inflammation of the interior of the heart. It may be the result of cold, but is chiefly seen as a sequel to rheumatic fever. *See* **Heart, Disease of the.**

**ENGLISH CHOLERA.** *See* **Cholera, English.**

**ENLARGED GLANDS.** *See* **Glands, Enlarged.**

**ENTERIC FEVER** (*Drain Fever, Gastralgia, Gastric Fever, Infantile Remittent Fever, Low Fever, Pythogenic Fever, Typhoid Fever*). These names are all given to a specific fever the prominent symptom of which is a looseness of the bowels; and in this disease there is always present an ulceration of the glands in the bowel, at the

\* For doses for Children, see Introduction.

*no mention of enemata !!*

lower part of the right side. It is **infectious**, though not directly so; by this we mean it is not communicated directly from the sick person to those about him. The poison resides in the discharges from the bowels; it does not, however, become immediately active, but only after the lapse of a few days. By that time the discharge has been thrown away, and got mixed with the sewage in the drains, and it is in this way the disease is most extensively spread.

Enteric fever comes on very slowly. The patient complains of very little for the first week, but then he feels he must take to his bed, and all the symptoms of feverishness develop. In addition, vomiting may be present, and a pain may be felt in the right side of the lower part of the abdomen. If pressure is made here, pain will be felt by the patient, and often a gurgling sound can be heard. During the course of the disease diarrhoea always sets in, and there may be any number of stools passed, up to twenty or thirty in the day. The motions are liquid, and of a dark colour, and have been likened to pea-soup. Blood is also sometimes passed. About the seventh or eighth day a rash appears on the abdomen and chest. This consists of little, rose-coloured spots, which disappear if pressed. They last for two or three days, and are succeeded by another crop. If the disease is going to end in recovery, the symptoms abate on the twenty-first day. This they do gradually, and not suddenly. But if an unfavourable termination is going to take place, the patient con-

tinues to sink. Death may be due to a variety of causes—to exhaustion, to hæmorrhage, to peritonitis, or to pneumonia.

Typhoid has to be distinguished from *Typhus Fever*. In typhus, the onset of the disease is not so insidious as in typhoid; and its symptoms are more cerebral, while those of enteric fever are abdominal. The rash in typhus is of a mulberry hue, and does not disappear on pressure. Diarrhoea is not present in typhus. Sometimes in the onset of enteric fever, constipation is present, and in that case care should be taken to avoid giving any aperient medicines. Again, in typhus the fever and all the symptoms abate suddenly, not gradually, as in enteric fever. This sudden *crisis*, too, takes place on the *fourteenth* day, while in typhoid improvement begins on the *twenty-first* day.

The patient is to be kept in a room by himself, and his diet must consist entirely of milk. Bearing in mind the infectiousness of the discharges, they must always be disinfected by mixing them with Condyl's Fluid, or carbolic acid, or Sanitas, before throwing them away. Medicinally, we can only treat symptoms. The diarrhoea ought not to be checked by giving opium or astringents by the mouth, but an enema of starch and laudanum, as directed under **Dysentery**, may be injected up the bowel if the diarrhoea persist. Quinine is frequently administered in large doses, to reduce the temperature of the body. Two or three grains should be given, in the form of powder, every four hours;\* and

\* For doses for Children, see Introduction.



the quantity may be increased, if necessary. After convalescence is established, the patient cannot be too careful with his diet. He ought to eat only sparingly, and only the lightest and most easily-digested food, for three months at least, as otherwise he may set up a relapse, which may prove fatal.

**ENTERITIS** (*Inflammation of the Bowels*). Enteritis is a disease that presents itself in different degrees of severity. Teething children are liable to a mild form of it. The symptoms are chiefly those of dysentery (*see Dysentery*), and the treatment consists in the administration of lime-water and demulcent drinks.

**True Enteritis, or Phlegmonous Enteritis**, as it is called, is a very grave disorder. It is always the result of some mechanical obstruction, such as a gall-stone (*see Gall-stone*) becoming impacted in the bowel. The symptoms are very severe, and the chief ones are pains, constipation, vomiting, and hiccup. A disease like this calls for active medical assistance at once.

The chief remedy to be relied on is opium, which must be given with care and watchfulness. Till a medical man arrive, 10 drops\* of laudanum may be given in a teaspoonful of water, and repeated in an hour, if necessary; but it should not be pushed further in his absence.

**ENTROPION.** *See Ectropion.*

**EPILEPSY** (*Falling Fits, Falling Sickness*). Epilepsy is

characterised by a sudden loss of consciousness and an attack of convulsions. It is often hereditary. Worms, sexual excesses, or sudden frights, may all cause an attack of epilepsy in a person predisposed to it.

Sometimes the patient feels out of sorts and confused for some days before the seizure; at other times it comes on without any warning. Generally, the fit is ushered in by a peculiar feeling, called the *epileptic aura*. This takes different forms in different patients; but it is generally described as a feeling of something creeping along from the tips of the toes or the fingers till it reaches the hand or the stomach, and the patient loses consciousness. The fit is nearly always preceded by a shrill cry, and the patient falls down totally unconscious. Convulsive movements of the whole of the body then set in, and last for four or five minutes. After the fit is over, the patient sinks into sleep. The fits tend to recur, generally after an interval of four or five weeks.

The treatment during a fit is simply to loosen the clothes, and see that the patient does not hurt himself. Do not attempt to give him brandy, or anything at all by the mouth. A gag of some kind, such as a cork with a string tied to it, should be inserted between the teeth, and the string fastened behind the neck, to prevent his biting his tongue. After the fit is over, let him sleep undisturbed.

Between the fits the general health should be kept up, and all stimulants forbidden. The patient should also be kept on a mixture of bromide of potassium, as follows:

\* For doses for Children, see Introduction.

Bromide of potassium, 1 drachm; syrup of oranges, 1 ounce; and water to 8 ounces: two tablespoonfuls\* to be taken three times a day.

**EPISTAXIS** (*Bleeding from the Nose*). Epistaxis is usually dependent on portal congestion—that is to say, congestion of the veins of the liver. The amount of blood that comes away is sometimes very alarming, and causes great debility.

The patient should be placed in a recumbent posture, with the head thrown well back, and cold water sniffed up. If this is insufficient, a little tannic or gallic acid, in powder, may be used as a snuff. If the bleeding still continue, the nostrils must be plugged by inserting into them some cotton-wool, or lint, soaked in cold water. If this still prove ineffectual, nothing can be done except to plug the posterior nostrils as well as the anterior ones, an operation which can only be done by a surgeon.

**EPULIS.** Epulis is a fibrous tumour of the gum, slow in growth, and painless. It separates and loosens the teeth, and may become the seat of ulceration. The treatment for it is for the surgeon to cut it out.

**ERYSIPELAS** (*St. Anthony's Fire*). Erysipelas may follow on a wound, when it is called *traumatic*. In other instances it springs up spontaneously, when it is *idiopathic*. It may attack any part, but idiopathic erysipelas usually prefers the face. It is **infectious**, and has a great tendency to spread.

It is characterised by an inflammation and hardening of the skin, and is attended by great swelling, pain, and discomfort in the parts affected. Feverish symptoms usually accompany it, and it is often complicated with bronchitis or pneumonia. It may terminate in recovery, attended with desquamation, or peeling of the skin, or may go on to suppuration and gangrene.

Erysipelas is most likely to be mistaken for scarlet fever; but in scarlet fever the redness does not spread in the same way as in erysipelas, and there is not so much swelling. Moreover, in scarlet fever we have premonitory symptoms of sore throat, which are absent in erysipelas.

The patient should be placed in a cool room, and the erysipelatous part should be well dusted over with oxide-of-zinc powder, to protect it from the air. His diet should be milk and slops. Give him a powder of 20 grains of jalap, with 4 or 5 grains of calomel, and then administer a tablespoonful\* of the following mixture of iron every four hours: Tincture of perchloride of iron,  $\frac{1}{2}$  ounce; glycerine, 1 ounce; water, to 6 ounces. After convalescence is established, give him quinine.

**ERYTHEMA** (*Blushing, Flushing of the Face, Red Skin*). Erythema consists in the appearance of red patches on the surface of the skin, which disappear on pressure, and are accompanied by burning and tingling. The simplest form is that due to mechanical irritation, such as the application of a mustard plaster. The treatment is to dust the part

\* For doses for Children, see Introduction.

over with oxide-of-zinc powder, or to apply zinc ointment.

Erythema sometimes appears on the front of the leg in the shape of hard, swollen patches, and attended by rheumatic pains. Each patch lasts for four or five days, and is followed by others. It is generally met with in the young, and is often seen in pale, anæmic girls. The treatment is to confine the patient to bed, open the bowels with a dose of Gregory's Powder, and order a quinine-and-iron tonic, for a prescription for which, see **Debility**.

Another form of erythema is that which is due to indigestion. It attacks the face, causing what is known as flushing of the face, and usually comes on after meals. In these cases, the diet should be carefully regulated, and a tablespoonful of a mixture of 1 drachm of compound rhubarb powder in 6 ounces of peppermint water taken three times a day.

*Blushing* may be regarded as the very simplest form of erythema, but it is really a nervous affection, causing dilatation of the cuticular capillaries of the face.

### **ERYTHEMA, SIMPLE.**

See **Roseola**.

### **EXOPHTHALMIC GOITRE.** See **Goitre**.

**EXPECTORATION** (*Spitting*). The act of expelling foreign bodies from the bronchial tubes and lungs; the word is also applied to the matter expelled. This consists of a frothy mucus in bronchitis. Sometimes it contains pus, when it is an evidence of the breaking-down of

lung-tissue, as in phthisis. It may also be streaked with blood in phthisis. In pneumonia, it also contains blood intimately mixed with the mucus, and imparting to it a deep, rusty stain.

Expectoration is only a symptom, and there is no treatment for it apart from the disease producing it.

### **EXPECTORATION OF BLOOD.** See **Hæmoptysis**.

### **EXTRAVASATION OF BLOOD.** See **Contusions**.

**EXTRAVASATION OF URINE.** This is a serious accident, happily rarely met with. It consists of the pouring-out of the urine from the ruptured urinary organs into the tissues below the skin. It usually happens from a man falling on some sharp object—as, say, a paling—when his bladder is distended with urine.

The symptoms are those of severe constitutional shock, and the appearance of a swelling about the lower part of the abdomen, groin, and privates.

As this is a very severe, and often fatal, accident, no time should be lost in sending for a surgeon, while in the interval the patient should be placed in bed, and the remedies for counter-acting shock or collapse employed (see **Concussion**).

**EYE. FOREIGN BODIES IN THE.** These set up inflammation of the eye, the severity of which is proportional to the cause producing it. They should be removed as soon as possible. Sometimes they are so firmly im-

bedded in the tissues of the organ that only a surgeon can do it effectually. But in the case of dust, or some little mote, a little delicate manipulation will usually suffice. A thorough search should be made for the particle, which should then be removed on a handkerchief.

When the body cannot be immediately seen, it is generally located below the upper eyelid. A search can be made here by placing some round article, such as a penholder or pencil, above the eyelid, seizing the eyelashes firmly, and drawing the lid gently up over the pencil; the offending body can then be removed. In some cases, the upper eyelid may be pulled gently down over the lower, and, by a kind of process of wiping out, the offending particle may be effectually removed.

The remedies of sneezing, and blowing the nose, are not very effectual, but may be tried. After the substance has been removed, the eye should be bathed with tepid water every few hours till all inflammation is subdued.

**EYELASHES, INVERTED.** Inverted eyelashes are the consequence of ophthalmia. In consequence of the deformity, they scrape against the surface of the globe of the eye, and cause inflammation. The condition is generally associated with a stunted growth of the eyelashes.

The treatment consists in an operation, to be performed by a surgeon.

**EYELIDS, DROOPING OR FALLING OF THE.** See *Ptosis*.

**EYELIDS, GRANULAR.**  
See *Ophthalmia*.

**EYES, COLD IN THE.** See *Conjunctivitis*.

**FACEACHE.** See *Neuralgia*.

**FACE, FLUSHING OF THE.** See *Erythema*.

**FACIAL PARALYSIS.**  
This affection is due to paralysis of the great motor nerve of the muscles of the face. It may be brought on by a cold, or weakness; in other cases it is due to intra-cranial causes—that is to say, it is secondary to disease in the brain itself.

The whole of one-half of the face assumes a blank, expressionless appearance. The patient cannot close the eye, and tears roll over the cheek. He cannot whistle, nor smile, and in some cases the sense of taste is impaired.

Electricity is the chief agent in treatment of facial paralysis. This is a dangerous remedy to handle, as the unwary are apt to fall into the hands of quacks. A battery can be obtained from any respectable instrument maker, with full directions for use. For facial paralysis the "constant" current is necessary. In addition, a careful regimen should be followed, and tonics prescribed, of which strychnine is the most useful. This remedy may be best taken in the form of Easton's Syrup, of which a teaspoonful in a tablespoonful of water should be used three times a day.\*

\* For doses for Children, see *Introduction*.

**FÆCAL ACCUMULATION.** See **Constipation.**

**FÆCAL VOMITING.** Vomiting of the fæces, which is recognised by its characteristic odour, is the result of obstruction of the bowels. It is most commonly met with in cases of strangulated hernia (see **Hernia**).

**FAINING** (*Swoon*). Fainting is a sudden loss of consciousness owing to failure of the heart's action. It may be due to hæmorrhage, to exhausting disease, to a badly-ventilated atmosphere, or to sudden frights. Besides the loss of consciousness, there are present, as symptoms, great pallor of the countenance, and feebleness or absence of the pulse at the wrist.

If there is any hæmorrhage, that must be arrested, and then the patient must be laid on his back, with the head slightly elevated, in a cool place. Allow plenty of fresh air to play round him; it is very foolish of bystanders to crowd round, and bend over him. Loosen all tight articles of clothing, and dash cold water over the chest and temples. As soon as consciousness is a little restored, give him a table-spoonful of brandy in a wine-glassful of water, with the addition of a teaspoonful of sal volatile, if it is obtainable.

**FALLING-DOWN OF THE BOWEL** (*Prolapse of the Bowel*). This is due to a weakness of the mucous membrane, in the first place; and in the second, to anything that causes excessive straining, such as obstinate constipation or piles.

The prolapsed part should be washed with tepid water and a sponge, and carefully replaced by the fingers, which should be oiled; and, if necessary, a bandage should be applied, to keep it in place. This is made by applying one bandage round the lower part of the abdomen, and then tying the end of another bandage to the centre of the back of the first, bringing it down below the seat, and between the legs, and fastening it again in front.

**FALLING FITS, FALLING SICKNESS.** See **Epilepsy.**

**FALSE CROUP.** See **Croup (False).**

**FARCY.** See **Glanders.**

**FATTY DEGENERATION.** See **Degeneration.**

**FATTY TUMOURS.** See **Tumours.**

**FAVUS** (*Tinea favosa, Porrigo favosa*). Favus is a skin disease dependent on the growth of a vegetable parasite. It attacks the head principally. At first it appears in the shape of little red patches, which are very like those of ringworm, and present little vesicles. After a little, however, thick yellow crusts form, through the centre of which a hair passes. The disease sometimes attacks the nails.

The crusts should be removed by linseed or bread poultices, and some sulphur ointment or ointment of white precipitate applied to the parts. Like other skin diseases, it often proves very intractable to treatment.

**FEET, COLD.** See **Cold Feet.**

**FEET, SWEATING OF THE.** This is a troublesome complaint, and often very difficult to get rid of. It usually occurs in nervous subjects, when under the influence of some excitement, as, for instance, the presence of strangers. It depends on a dilatation of the blood-vessels of the feet, owing to their nervous control being withdrawn.

The strictest cleanliness must, of course, be enjoined. For a local application, the feet may be powdered over with oxide of zinc, and a little of the powder should be dusted in the socks. Boracic acid, applied in the same way, is also a useful remedy. If these applications fail, the feet may be painted with liniment of belladonna. Some physicians put great faith in administering large doses of ergot internally; and, theoretically, the idea seems sound enough, as ergot is a contractor of the blood-vessels. There is no objection to giving it a trial, and it may be taken combined with a nervine tonic, as in the following prescription: Liquid extract of ergot, 2 drachms; tincture of nux vomica, 1 drachm; and water to 6 ounces: two tablespoonfuls\* to be taken three times a day.

**FEMORAL HERNIA.** See **Hernia.**

**FEVERS** (*Pyrexia*). Fever, or feverishness (or *pyrexia*, which is merely the Greek name for the same thing), is a concomitant of most injuries and acute diseases.

The chief factor in fever is an increased heat of the blood. The normal body-heat is 98·4deg. Fahr. The temperature is generally taken in the armpit or the mouth, with a clinical thermometer; and of the two situations for "home" diagnosis, the armpit is best. The mercury in the thermometer should first be shaken down below the normal point, and then the bulb of the instrument inserted into the armpit, and kept in place by drawing the hand and arm over the chest. Care should be taken that the instrument is in contact with the skin, and that the bulb has not sunk down too low below the arm. After being in position for ten minutes, the instrument may be taken out, and the temperature ascertained. In fever, the temperature may rise to 100deg., which is called *sub-febrile*; to 104deg. or 105deg., when it is *febrile*; and beyond that, up to 110deg., which is *hyper-pyretic*. If the temperature gets to 110deg., or higher, death is generally imminent. The temperature is, as a rule, higher at night than in the morning. With this increase of heat there are other symptoms present, more or less dependent on the elevation of temperature. The skin is hot and parched, the pulse and respiration are increased, there is great thirst, the urine is scanty and high-coloured; the bowels are usually costive, and the appetite in abeyance. Headache and muscular pains are also complained of.

When fever terminates in convalescence, it does so in one of two ways. In the first, there is a sudden fall of the temperature to the normal, and an abatement

\* For doses for Children, see Introduction.

of all the febrile symptoms. This is called *defervescence by crisis*. In the second method, or *defervescence by lysis*, the improvement is a gradual process.

There is little to be said about the treatment of fevers, except to keep the patient in an equable temperature of about 60 deg. Fahr., to feed him on milk and beef-tea, and to assuage his thirst by lemon-juice. For medicinal purposes, 1 drachm of nitre and 2 drachms of sweet spirits of nitre may be mixed with 6 ounces of water, and a tablespoonful\* taken every four hours.

**Specific Fevers** (*Continued Fevers*). There is a group of diseases, in which fever is a prominent symptom, which present certain features in common, and are therefore designated the specific fevers. Under this head come *measles*, *scarlet fever*, *typhoid*, *small-pox*, *typhus*, and other fevers. Each of these diseases is a distinct and separate disease in itself—that is to say, measles always begets measles, scarlet fever begets scarlet fever; and we never can have one of them producing another.

These diseases have, moreover, two other great common factors—they are **contagious** and **epidemic**. The poison in which the contagiousness consists is a specific member of the animal or vegetable kingdom, and each fever has its own distinct poison. These poisons are called *microbes*, or *bacteria*, and many of them, though not all, have been differentiated in the blood and the various secretions of the body. They gain entrance to the system in various ways: some by being

inhaled, as the *measles* poison. Some exist specially in the faecal discharges, as in *enteric fever*; and others are given off by the skin, and may cling to the clothing, and be carried some distance by the atmosphere, as in *scarlet fever*. But in whatever way the poison enters the body, a certain series of symptoms follow. At first nothing at all is felt by the patient. The poison is multiplying, and becoming active, as it were. This is the *latent* stage, or period of *incubation*; it varies from a few days to one or two weeks, or even longer. Then follows the stage of *invasion*, in which feverishness and the characteristic signs of the specific fever are manifested. Then, in certain of the diseases, as *measles*, *scarlatina*, *small-pox*, *typhus*, and *typhoid*, which are called the *eruptive* fevers, follows the *eruptive* stage, in which the characteristic rash makes its appearance. In scarlatina, the rash appears on the *second* day of illness; in small-pox, on the *third*; in measles, on the *fourth*; in typhus, on the *fifth*; and in enteric fever, on the *seventh*.

For a more detailed account of these fevers and their treatment, reference must be made under their respective headings.

**FEVER, INTERMITTENT.** See **Ague**.

**FEVER, REMITTENT.** See **Ague**.

**FIBROMA.** See **Tumours**.

**FIBROUS DEGENERATION.** See **Degeneration**.

\* For doses for Children, see Introduction.

**FIBROUS TUMOURS.** See Tumours.

**FISH-SKIN DISEASE.**  
See Ichthyosis.

**FISSURES.** There is no such disease as "fissure" known to scientific medicine or surgery. It is merely a popular term, and may include every condition in which there is a gap of tissue, from a cleft palate or hare-lip to a little excoriation of the skin, such as is seen in chapped hands, and as results from chilblains, when it is a modification of the process of ulceration. Sometimes a little fissure comes at the side of the anus, constituting "fissure of the anus," and causing great irritation and pain, especially in defæcation. The remedy consists in free purgation, which can be effected by taking from 2 drachms to  $\frac{1}{2}$  ounce of Epsom salts, in half a tumblerful of water, in the morning, before breakfast.

**FISTULA.** A fistula is a narrow track lined with a membrane like mucous membrane, and often communicating with an abscess. It is most frequently the result of an abscess not having properly healed, either from inattention or from some mechanical cause, as when an abscess occurs by the side of the rectum. Here the constant contraction of the muscle at the margin of the anus prevents the complete rest that is necessary for abscess healing, and *fistula in ano* is the result. This is the commonest site for a fistula, but it may also form in other regions of the body.

The treatment of fistula is purely surgical. The part should be kept at rest, and if there is any pain or suppuration (see **Abscess**) a linseed-meal poultice should be applied. The diet should consist of milk, beef-tea, and other slops: stimulants are to be forbidden. To effect a perfect cure, however, an operation is necessary.

**FITS.** Fits are those sudden attacks of unconsciousness which are due either to syncope (fainting) to epilepsy, apoplexy, hysteria, or alcoholic intoxication. For a fuller description of them, and their appropriate treatment, these diseases should be referred to under their different headings.

**FLAT FOOT.** See **Ankles, Weak.**

**FLATULENCE** (*Swollen Belly, Tympanites*). The accumulation of wind in the stomach is one of the results of indigestion, and gives rise to great inconvenience, especially after meals.

The treatment is to remedy the faulty digestion, but a warm, cordial mixture will give great relief. Such a mixture can be made as follows: Bicarbonate of soda, 1 drachm; tincture of ginger,  $\frac{1}{2}$  drachm; spirit of chloroform, 1 drachm; compound tincture of cardamoms, 2 drachms, and peppermint water to 6 ounces: one or two table-spoonfuls occasionally.\*

**FLUSHING OF THE FACE.** See **Erythema.**

**FLUX, BLOODY.** See **Dysentery.**

\* For doses for Children, see Introduction.



**FOOT, CLUB.** See **Club Foot.**

**FOREIGN BODIES IN THE EYE.** See **Eye, Foreign Bodies in the.**

**FRACTURES** (*Broken Bones*). A fracture is said to be *compound* when, in addition to the

seat of fracture. Lastly, the presence of *crepitus* is almost diagnostic of fracture. This is a rough and grating feeling, due to the ends of the bones being rubbed against each other, which is experienced by the hand of the examiner when he tries to pull the limb into shape. The diagnosis of fracture from dislocation



FIG. 3. FRACTURED HUMERUS.

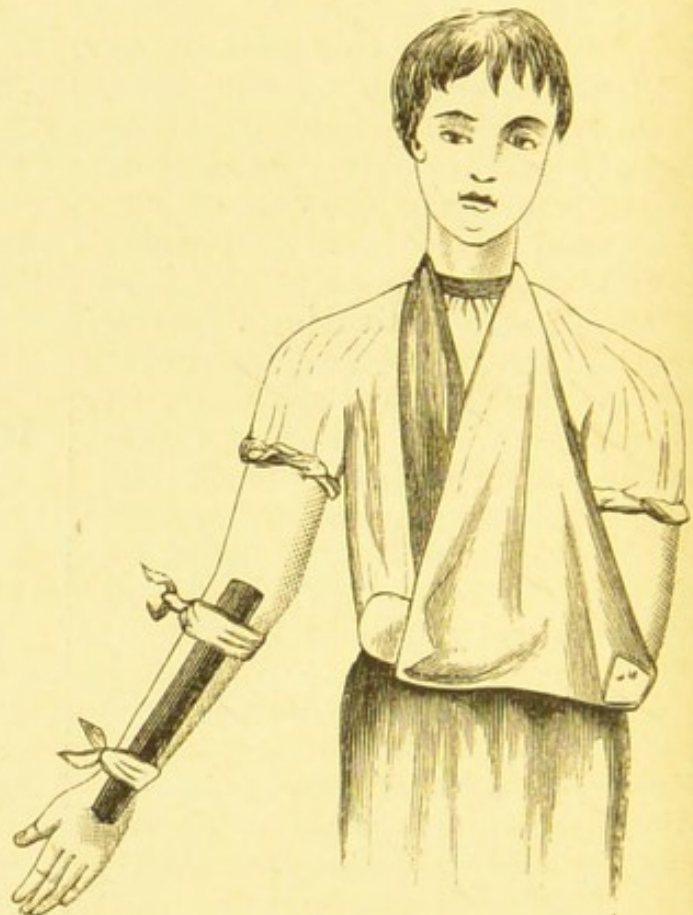


FIG. 4. FRACTURED FOREARM.

fracture, there is a wound of the external tissues communicating with the seat of fracture. When no such wound exists, the fracture is called *simple*.

The signs of fracture are, first, deformity of the broken limb, which is altered from its original shape, and is frequently shorter than the sound member. Then there is increased mobility at the

is given under the heading **Dislocations.**

When a bone has been broken, the surgeon has to "set" it—that is, to put the broken ends in apposition, and then keep them there till union has taken place. This he does by applying splints and bandages to the limb, and leaving them on till the bone has united.

The sooner a fracture is set, the better; and till the surgeon arrives, nothing more should be done than to try to prevent further injury taking place—as, for instance, a simple fracture being turned into a compound one—by keeping the parts at rest, and applying improvised splinting. Such splints may be made out of firewood, cigar-boxes, newspapers, brown paper, broomsticks, billiard-cues, card-board boxes, and anything that is handy. Bandages can be made from handkerchiefs or towels. If the *upper limb* is broken, the patient can be carried to his bed, or to the surgeon, by two people forming a “Sedan chair” for him to sit on (see Fig. 2, page 3). If the *lower limb* is the seat of injury, he ought to be placed on a hurdle or a stretcher. If he is put into a cab, a four-wheeler should be chosen in preference to a hansom. He ought to sit with his legs supported on the seat; or, if that cannot be managed, he ought to sit on the floor of the cab, and the door be left open for his leg to project out.

**Fracture of the Arm Bone, or Humerus.** Apply two short splints—one on each side of the arm—and then, bending the arm over the chest, with the thumb upwards, fix it to the body with a bandage, and support the wrist with a sling, as in Fig. 3.

**Fracture of the Bones of the Forearm.** Two splints—

one inside and one outside the limb—should be put on, and the arm is to be supported by a sling, fastened over the shoulder. See Fig. 4: on the right arm the splints are applied, while on the left, the sling being in place, the whole apparatus is complete.

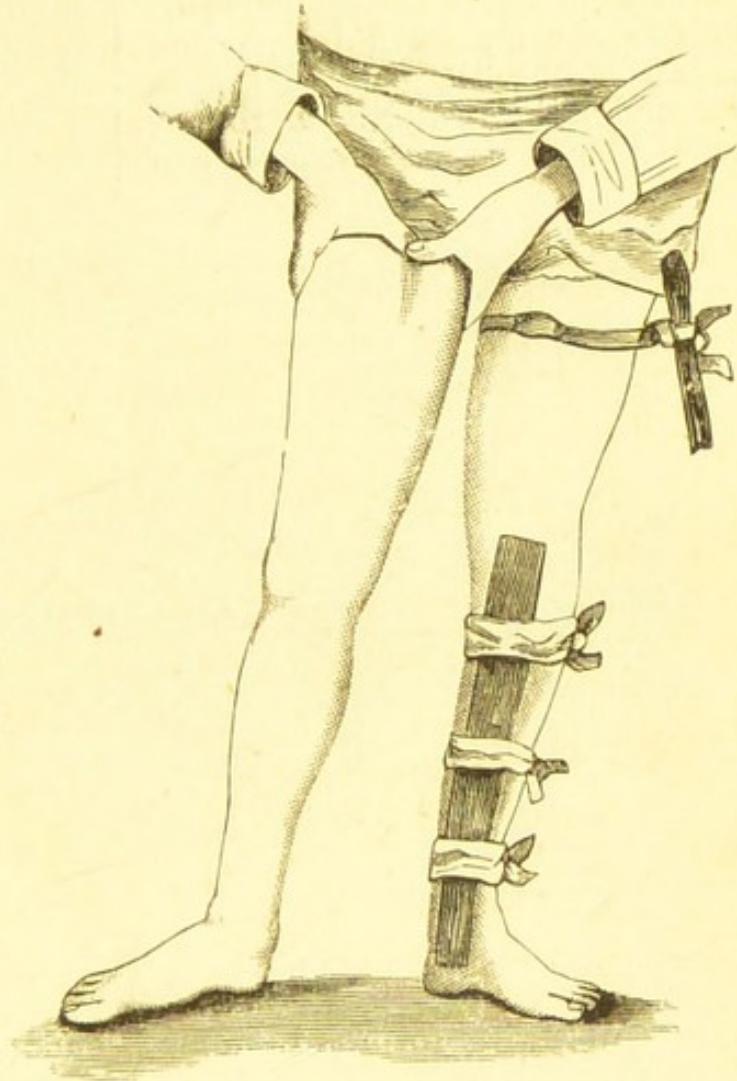


FIG. 5. FRACTURED BONES OF LEG.

**Fracture of the Bones of the Leg.** Splints are to be applied outside and inside, and then the leg is to be fastened to the sound limb. Umbrellas and walking-sticks make useful splints for the leg. See Fig. 5, which also shows the way to control hæmorrhage in the femoral artery, at the groin; pressure is applied

by the thumbs alone on the right leg, while on the left the tourniquet has been improvised (*see* **Hæmorrhage**).

**Fracture of the Collar-bone.** When the collar-bone is the seat of injury, the indications are to keep the shoulder up and out, and the elbow back. This is accomplished by putting a pad about the size of one's fist under the armpit. A roll of newspaper, or a cricket-cap

lence, such as a blow, and its principal situation is at one side, close to the eye-tooth. The chief signs are pain, swelling, and inability to move the jaw. One or more teeth may be broken, and bleeding may be present in the gums. The treatment consists in taking 1½ yard of a wide roller-bandage, splitting it up to within 3in. of the centre, and cutting a slit in the centre. Then place the chin in the slit, carry up two



FIG. 6. FRACTURED COLLAR-BONE.

folded up, will form examples of improvised pads. Then bend the arm well over the chest, with the thumb pointing to the opposite shoulder, and with a towel, or large handkerchief, or scarf folded three-corner-wise, tie up the elbow and arm over the opposite shoulder. Then take another similar bandage, and tie the arm round the chest. *See* Fig. 6.

**Fracture of the Jawbone** is generally the result of vio-



FIG. 7. FRACTURED RIBS.

ends of the bandage to the crown of the head, and tie them there, while the other two ends are fastened at the nape of the neck. The patient should be fed on slops till cured, which will probably take about five or six weeks.

**Fracture of the Ribs.** When the ribs are broken, a broad flannel roller, or a couple of towels, should be rolled firmly round the chest. *See* Fig. 7.

**Fracture of the Thigh-bone.** In this case we have to keep the whole limb immovable, from the body downwards. This is effected by a long splint, which reaches from below the armpit to a few inches past the heel. A billiard-cue, a broomstick, or a rifle, will make a ready substitute. One of these should be fastened to the body with two or three bandages, and then a shorter splint—consisting, say, of an umbrella—should be placed inside the limb, and fastened to it. After all is made secure, the in-

come out when a person is exposed much to the rays of the sun. In such cases, a veil should be worn, and the face washed with some mild lotion, such as Glycerine and Cucumber. In bad cases a lotion containing 1 grain of corrosive sublimate in 1 ounce of water forms a capital application, but it must be remembered that it is a strong poison.

**FROST-BITE.** This is the result of the application of extreme or prolonged cold to some part, as the ears, the nose,

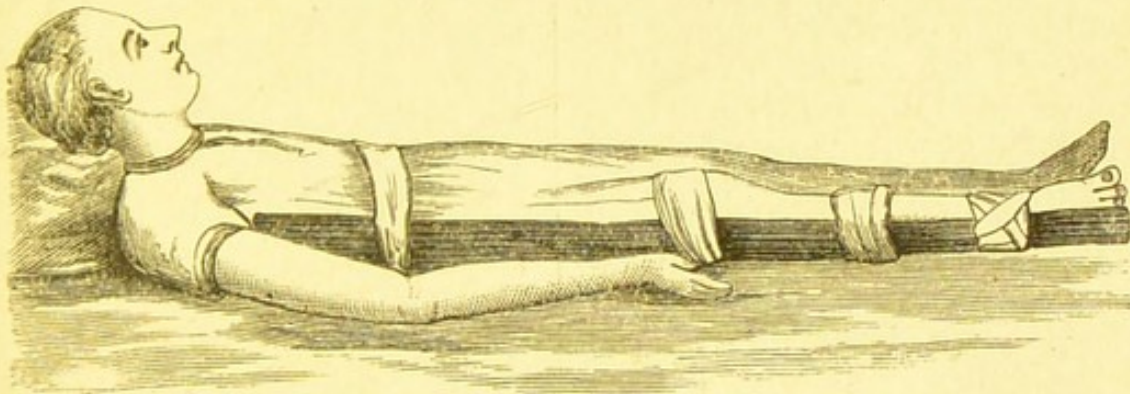


FIG. 8. FRACTURED THIGH.

jured member should be tied to the sound limb. See Fig. 8.

See also **Wounds**.

**FRECKLES** (*Lentigo*). Freckles are a disfigurement too well-known to need much description. They consist of minute spots of discoloration of about the size of a mustard-seed. They attack chiefly the face, and are congenital. They are mostly met with in people of a fair complexion, with auburn hair. There is nothing to be done for them. Sometimes they pass away of themselves as the person grows up.

Freckle-like spots are apt to

or the fingers. The part becomes of a tawny or yellow hue, and much shrivelled in size. The patient is often quite unconscious that there is anything wrong.

The patient should be brought into a room without a fire, and the part rubbed with snow or ice-cold water till reaction is restored. A piece of flannel should then be wrapped round the part.

**GALLOPING CONSUMPTION.** See Consumption.

**GALL-STONE** (*Biliary Calculus*). A gall-stone is simply a

mass of solidified bile. The size of gall-stones varies, and their mode of origin is obscure. They may form in the hepatic ducts or the gall-bladder, and they pass from there into the bowel.

The chief symptoms of gall-stones are caused by their passage, when intense pain is experienced in the pit of the stomach, and severe vomiting is brought on. They also cause jaundice, by obstructing the biliary flow.

We can do little or nothing to prevent gall-stones forming, or to dissolve them when formed, and our treatment is chiefly directed to alleviating the pain. Hot fomentations of water should be applied to the stomach, and 10 drops of laudanum given,\* in a teaspoonful of water, every quarter of an hour, while the paroxysm lasts; but in "home treatment" one must be careful with laudanum, and not push it very far; generally, two doses will suffice, and the patient's condition must be carefully watched. To relieve the vomiting, 2 drachms of soda, dissolved in 1 pint of water, should be drunk freely.

**GANGLION.** A ganglion is a cystic tumour (see **Cysts**) which forms in connection with the sheath of a muscular tendon. Its usual situation is the back of the wrist. At first its contents are clear fluid, but after a time they become solid. There is considerable pain and weakness experienced in connection with a ganglion. These tumours often form in rheumatic people.

When first formed, while the contents are still fluid, the cyst may be ruptured by firm manipu-

lation of the two thumbs. After it is ruptured, a bandage should be applied firmly, to compress it, and prevent its forming again. When it has solidified, the advice of a surgeon is necessary.

### **GANGRENE** (*Mortification*).

Gangrene signifies the death or mortification of a part or tissue. It may be caused by some severe injury, or by general causes leading to starvation of the part.

When a part becomes gangrenous, it assumes a dusky or black colour. The skin blisters, and the discharge has a disagreeable odour. Along with these symptoms, there is a great deal of pain, and the general health of the patient, of course, suffers considerably. When the gangrenous process is arrested, ulceration takes place at the margin, and there forms what is called the line of demarcation.

In old people, a form of gangrene called *senile gangrene* occurs from diseased arteries and impeded circulation. It manifests itself on the toes, where a little, dark speck forms the first indication of the progress.

In treating gangrene, a surgeon ought always to be called in. The chief things to do are to keep up the general health by good food and stimulants, as port wine; to assuage any pain by means of opium (four or five drops of the tincture, in a teaspoonful of water, every four hours), and to keep the gangrenous part warm and clean by antiseptic dressings. Cover it with a charcoal poultice, and as soon as all bad smells are checked, a dressing of lint soaked in Friars' Balsam makes a good appli-

\* For doses for Children, see Introduction.

cation. The prescription for a charcoal poultice is to take  $\frac{1}{2}$  ounce of powdered wood charcoal, 2 ounces of breadcrumbs,  $1\frac{1}{2}$  ounces of linseed-meal, and cover with 10 ounces, or  $\frac{1}{2}$  pint, of boiling water. But a very effectual substitute can be made by sprinkling a little charcoal over an ordinary linseed-meal poultice. An ointment composed of 30 drops of creasote in  $\frac{1}{2}$  ounce of vaseline, is also a good remedy. Local applications will vary with different patients, and nothing but general remarks can be made on the subject in a work like the present.

**GASTRALGIA.** See **Enteric Fever.**

**GASTRIC FEVER.** See **Enteric Fever.**

**GASTRIC ULCER** (*Ulceration of the Stomach*). This is by no means an uncommon disease.

It attacks women more than men, and is often associated with amenorrhœa and anæmia. Alcoholic indulgence often produces it.

The symptoms are at first those of simple indigestion, and consist of flatulence and pain, especially after a meal. It is important to notice that the pain of gastric ulcer is *increased on pressure* of the stomach. Vomiting is also a prominent symptom, making its appearance sooner or later in the course of the disease. The vomited matter often contains blood (see **Hæmatemesis**). As a rule, gastric ulcer tends to recovery, but sometimes it may prove fatal by exhaustion, or by perforating the coats of the

stomach, and causing death by peritonitis.

The first thing in the treatment of gastric ulcer is to regulate the diet. Milk should form the staple food, and very little should be taken at a time. Medicinally, bismuth, or bismuth combined with opium, is the remedy to be employed. The following is a prescription: Subnitrate of bismuth,  $1\frac{1}{2}$  drachms; mucilage,  $\frac{1}{2}$  ounce; spirits of chloroform, 1 drachm; water, up to 6 ounces: two tablespoonfuls three times a day. If there is much pain, 1 drachm of laudanum may be added to the prescription. When vomiting is a prominent feature, ice and lime-water should be employed. When there is much hæmorrhage, rest in the recumbent posture must be enjoined, and the remedies mentioned under the heading **Hæmorrhage** used.

**GASTRITIS** (*Inflammation of the Stomach*). Gastritis may be the result of cold, but is more often produced by the presence of irritants, such as the abuse of alcoholic liquids. It may also be a secondary condition to cancer or ulcer of the stomach.

The symptoms of gastritis are those of severe indigestion (see **Indigestion**). Pain, vomiting, and constipation are the most persistent of the phenomena of gastritis.

The first thing to do in treating this affection is to give the stomach complete rest, by confining the diet to milk and soda-water simply for three or four days, till all the pressing symptoms have passed away. Pain may be relieved by applying hot compresses to the stomach. Medi-

cinally, bismuth, hydrocyanic acid, and opium, are indicated, and they may be prescribed as follows: Carbonate of bismuth,  $1\frac{1}{2}$  drachm; spirits of chloroform, 1 drachm; Battley's Sedative Solution of Opium, 1 drachm; dilute hydrocyanic acid, 16 drops; and peppermint water to 6 ounces: take one tablespoonful every four hours. Ice should also be prescribed.

**GASTRODYNIA.** See *Acidity.*

**GATHERING.** See *Abscess.*

**GENERAL PARALYSIS OF THE INSANE.** The victims of mental disease are often attacked with a fatal and progressive paralysis of all the muscles of the body, to which condition this name is given. It is always fatal, and there is no treatment of any benefit.

**GERMAN MEASLES.** See *Measles, German.*

**GIDDINESS** (*Vertigo*). Giddiness is generally due to an engorged state of the cerebral vessels, and is a symptom of indigestion.

Take 5 grains of blue pill at night, and a tablespoonful of Gregory's Powder in the morning.\*

**GIN-DRINKER'S LIVER.** See *Cirrhosis.*

**GLANDERS** (*Farcy*). Glanders is a disease of the horse, and is propagated from it to man. It is **infectious**.

The principal symptoms of

glanders are those of general febrile disturbance, and the appearance of small, tubercular tumours underneath the skin and about the nostrils. The nose runs, the eyes water, and the eyelids become swollen. The tubercles ulcerate, and exude a mattery liquid.

Farcy is the same disease, but the name is generally limited to cases in which it is inoculated in some wound existing on the body. The symptoms are identical.

Glanders is generally a fatal disease, and all that can be done is to try and keep up the patient's strength as much as possible. The discharging ulcers should be washed with carbolic lotion, of the strength of one in forty.

#### **GLANDS, ENLARGED.**

Enlarged glands are most commonly seen in the neck during childhood, and are indicative of a scrofulous constitution. They have a tendency to inflame and become ulcerated.

The treatment is to improve the general health by tonics, as cod-liver oil and steel-wine. The diet should be plentiful, and consist of milk, mutton, and eggs. Fresh air and exercise are also essential. If inflammation ensues, linseed-meal poultices must be applied, and the treatment recommended for **Abscess** followed. If the glands suppurate, they should be opened by a surgeon, and not be allowed to break, as the resulting scars in the latter case are very unsightly. After they have been opened, they should be poulticed for a day or two till all the matter is got rid of, and then dressed with zinc ointment till they are healed.

\* For doses for Children, see *Introduction.*

**GLASS-POX.** See **Chicken-pox.**

**GLAUCOMA.** This is an eye disease of advanced life, characterised by failing vision and an increased tension and feeling of hardness in the globe of the eye. An operation by an oculist is necessary for the cure of this complaint.

**GLOSSO-LARYNGEAL PARALYSIS.** This is a fatal form of paralysis, in which the lesion is situated in the medulla oblongata, in consequence of which the muscles of the tongue and larynx gradually lose their power. In a longer or shorter time death takes place from asphyxia, or from the heart becoming paralysed.

The treatment is to keep up the general system.

**GLYCOSURIA.** See **Diabetes mellitus.**

**GOITRE** (*Bronchocele, Graves' Disease*). Goitre is an affection of the thyroid body, or gland, which is situated in the middle of the neck, just over the windpipe. Goitre consists in an overgrowth of all the tissues of this gland, forming a tumour of varying size. It attacks females more often than males. The affection occurs, in scattered cases, all over the world, but it is also peculiar to certain circumscribed localities, and is thus an **endemic** disease, as distinguished from an epidemic one. Such districts are Derbyshire (where it is known as *Derbyshire neck*), Nottingham, Yorkshire, and Sussex. In all these

districts the water is impregnated with lime salts, and this is thought to be the chief cause of goitre: some undefined malarial influence has also a share in producing it.

The chief symptom is due to the growth of the tumour, which causes a swelling in the neck visible to all. There is no pain, but when the tumour is very large it may press on various nerves, or the windpipe and gullet, and thus cause pain and give rise to shortness of breath and difficulty in swallowing.

There is a form of goitre, met with in young girls, associated with palpitation of the heart, protrusion of the eyeballs, and disordered menstruation, which goes by the name of *exophthalmic goitre*, or *Graves' disease*.

The first thing to be done to a case of goitre is to remove it from the locality, if the district be goitrous. Then try and promote the absorption of the tumour by painting it with liniment of iodine. In exophthalmic goitre the following mixture may be given internally: Tincture of digitalis and tincture of belladonna, of each 1 drachm; tincture of perchloride of iron, 1½ drachms; glycerine, ½ ounce; and water up to 6 ounces: take one tablespoonful\* three times a day.

**GOUT** (*Rheumatic Gout*). Before the age of thirty gout is a disease rarely seen, and it attacks men much more frequently than women. It is hereditary, and the cause is summed up in two words—improper living. It is always due to over-indulgence in rich, saccharine foods, especially when such habits are

\* For doses for Children, see Introduction.



accompanied by an inactive, indolent life.

Gout manifests itself first in fits, and in nine cases out of ten it attacks the joint of the great toe. Before a fit of gout comes on the patient generally feels dyspeptic symptoms for a few days. He complains of acidity, pains in the stomach, flatulence, and depression. When the toe is attacked, there are symptoms of severe inflammation: intense throbbing pain is felt, and the joint swells and becomes red. The fit may last two or three days. The urine is scanty and high-coloured, and deposits a brick-red sediment. The bowels are usually confined. After recovery, the general tendency of gout is to return. It may not at first come back for a year, or longer, but after a time the fits become more frequent, the general condition of the patient becomes affected, and he gets "gouty." He has flying pains all over him, and other joints besides the toe may become affected. In chronic cases, deposits form round the joints, especially in the toes and fingers, which occasion great deformity. They are composed of a salt—urate of soda—and are called *chalk-stones*. Gout often attacks the heart, stomach, brain, and other organs, when it is called internal gout; and when it does so, it is generally speedily fatal.

The disease most likely to be mistaken for gout is acute rheumatism. But rheumatism attacks the large joints, while gout prefers the small ones. Gout is usually confined to one joint, while in rheumatism several are attacked. Rheumatism, too, is accompanied by more severe febrile symptoms,

and a profuse, peculiarly sour-smelling perspiration.

The condition called *rheumatic gout* is one in which the symptoms of both diseases are manifested.

During an attack of gout, complete rest must be enjoined, and the limb elevated. The most soothing application is a hot linseed-meal poultice. The bowels should be relieved by a compound colocynth pill, taken at bedtime, followed by a seidlitz powder in the morning. The diet, of course, must be simply slops, and two tablespoonfuls of the following mixture should be taken every four hours: Bicarbonate of potash, 1 drachm; colchicum wine, 1 drachm; tincture of hyoscyamus, 1 drachm; and camphor water to 6 ounces. In the intervals between the attacks, strict attention should be paid to the diet. Pastry, spices, and saccharine foods should be avoided. Beer, wines, and brandy are to be completely tabooed. The only stimulant that can be allowed is a little whisky, largely diluted with potash or lithia water, and taken only at meals. Plenty of outdoor exercise must be taken. The bowels must be kept in regular order; and some of the natural mineral waters, as Carlsbad or Hunyadi Janos, may be taken with advantage.

### GRANULAR EYELIDS.

See *Ophthalmia*.

### GRAVEL (*Urinary Sediment*).

Gravel is the solid, crystalline matter sometimes *passed with the urine*. When the urine is *passed clear*, but a deposit forms after it has stood for some time, this is *not* gravel: the sediment thus passed is generally uric acid crystals,

coloured by the urine. Gravel indicates a sluggish condition of the liver, and hence our chief treatment is directed towards that organ. Gravel is often indicative of a gouty state.

Healthy exercise should be enjoined, and the diet must be light and sparing. The only stimulants that can be allowed are a glass of hock with dinner, and occasionally a little whisky and potash-water. Friedrichshall or Vichy water should be taken in the morning, fasting; and occasionally, when the bowels seem torpid, a blue pill should be taken at bedtime.\*

**GRAVES' DISEASE.** *See* Goitre.

**GREEN SICKNESS.** *See* Anæmia.

**GRIPES.** *See* Colic.

**GROCCERS' ITCH.** *See* Eczema.

**GUM, BLUE.** *See* Plumbism.

**GUM-BOIL.** A gum-boil is an abscess of the gum, and occasions great pain. It often arises from a decayed tooth, and sometimes from general debility.

Matter should be encouraged to form by taking a Turkey fig, splitting it up, warming it, and applying the seedy side to the inflamed surface. When it bursts, relief is afforded. A tablespoonful\* of Gregory's Powder, in a teacupful of water, in the morning, is a useful adjunct to the treatment.

**GUM, FIBROUS TUMOUR OF THE.** *See* Epulis.

**GUM, RED.** *See* Red Gum.

**GUNSHOT WOUNDS.** *See* Wounds.

**HÆMATEMESIS** (*Bleeding from the Stomach*). Hæmatemesis is generally indicative of gastric ulceration or cancer (*see* **Gastric Ulcer** and **Cancer**). To distinguish between blood coming from the stomach and that which originates in the air passages and lungs, the article **Hæmoptysis** should be consulted.

The treatment consists in perfect rest, and the patient should suck ice as much as he can. His nourishment should consist of milk, or milk and soda-water, and cold beef-tea, given in small quantities, at frequent intervals. Powders of 5 grains of carbonate of bismuth should also be given every four hours, and the astringent prescription given under the article **Hæmorrhage** should also be used.\*

**HÆMATINURIA** (*Blood in the Urine*). In hæmatinuria blood may come from the kidney or bladder, or any of the urinary passages. The presence of a sharp stone in the bladder often causes hæmatinuria, especially after violent exercise has been taken, such as riding. But the most frequent cause, perhaps, is a villous growth in the bladder. When blood is present in the urine, it causes that fluid to become of a deep porter-like colour.

The rational treatment of hæmatinuria must be directed to the cause; but while the bleeding is actually going on, the patient

\* For doses for Children, see Introduction.

must be kept in a recumbent posture, ice must be applied to the bladder or over the loins, and astringents given internally, such as are indicated under the heading **Hæmorrhage**.

**Paroxysmal Hæmatinuria** is the name given to a mysterious disease, which comes on at irregular intervals, and is characterised by severe shivering fits, pain over the loins, and a discharge of thick, bloody-coloured urine. It is nearly always caused by a chill.

The treatment is to avoid all sources of catching cold, and to clothe warmly. While the paroxysm is on, the patient must be kept warm, and the various astringents may be tried. But no drug seems to exercise much benefit in this disease.

**HÆMOPTYSIS** (*Bleeding from the Lungs, Blood-spitting or Vomiting*). Hæmoptysis is the expectoration of blood from the lungs or air-passages. It can generally be distinguished from hæmatemesis, or the vomiting of blood from the stomach, by the fact that it comes up with a cough, and is generally of a lighter colour than the blood which comes from the stomach. Moreover, it is generally mixed with mucus, or with frothy sputum containing air-bubbles. The history of the case, too, leads to a correct diagnosis, for hæmoptysis is an accident occurring in some disease affecting the air-passages. It may occur in pneumonia, or inflammation of the lungs, when the blood is intimately mixed with the sputum, giving the expectoration a characteristic, *rusty-coloured* look. Hæmoptysis is very common

in phthisis. In this disease the blood when it appears first occurs in faint streaks, mixed with the expectoration, but as the disease progresses becomes more plentiful. When a large vessel gives way, in the advance of the disease, an alarming amount of bright-coloured blood may be suddenly brought up, which may prove rapidly fatal by syncope.

The treatment is to keep the patient cool, in a recumbent position, to give him ice to suck, and apply astringents, such as are described under the heading **Hæmorrhage**.

**HÆMORRHAGE** (*Bleeding*). Hæmorrhage is due to the rupture of blood-vessels. It may be the result of disease or of injury, and may occur in one of the internal organs or on the surface. Bleeding which takes place internally is generally due to disease, while external hæmorrhage is almost always caused by violence.

Hæmorrhage, if uncontrolled, rapidly proves fatal, by causing the patient to faint, and die of exhaustion. It is, of course, more dangerous in proportion to the amount of blood that escapes, and the size of the vessel from which the bleeding comes.

**Internal Hæmorrhage.** In cases of internal bleeding our treatment must, of course, be directed in general to the disease causing the hæmorrhage. But bleeding of any kind is always such a serious symptom that it calls for immediate treatment of itself. In all cases of hæmorrhage, the first thing to be done is to keep the patient in a recumbent posture, and cool. Sustain his strength by plenty of stimulants,

and beef-tea and broths, all of which should be given cold. The medicines used to restrain hæmorrhage are called astringents. The most useful are gallic and sulphuric acids, and the perchloride of iron; other remedies there are, too, which act by contracting the blood-vessels, of which the most commonly known is ergot of rye. The alkaloid (ergotin) obtained from that drug is also a powerful hæmostatic. It can only be used by the surgeon, as it is injected under the skin, and is one of the most valuable remedies we possess. For a good all-round astringent mixture, a tablespoonful of the following may be taken every two or three hours, or oftener if the symptoms are severe: Dilute sulphuric acid, 3 drachms; gallic acid, 2 drachms; fluid extract of ergot, 3 drachms; water, to 6 ounces.\*

**External Hæmorrhage** is the result of violence or accident: here, as we have the whole source of the bleeding revealed to the naked eye, we can have recourse to mechanical means to check it, and the chief remedy then employed is pressure in some form or other.

The nature of the bleeding—whether capillary, venous, or arterial—should be clearly made out, as it influences the amount of pressure to be used, and the spot where it is to be applied. It should be remembered that the arteries are the vessels which carry bright, oxygenated blood from the heart to the tissues; the veins are those which carry the dark, impure, used-up blood back to the heart, from the out-lying parts of the body; while the capillaries are the network of

little tubes between the extremities of the arteries and the commencement of the veins, whose function is to distribute the blood brought to them from the arteries to the tissues, to maintain them in health and life. The arteries begin in one large tube at the heart, and divide and subdivide into smaller branches, till they are lost in the minute ramifications of the capillaries. These little tubes again unite into larger vessels, thus forming the origin of the veins; and these venous canals become larger and larger as they run up back again to the heart. The flow of the blood in the veins is in one continuous stream, while in the arteries there is an intermittent current, caused by the action of the heart. These facts help us to determine the nature of the hæmorrhage. If we see bright, florid blood, starting forth in leaps and jets with each beat of the heart, we conclude that an artery has been divided. If it is a mere oozing of blood of a dark hue, it is due to the capillaries being injured; while if dark-coloured blood continues to ooze up from the bottom of a wound, the vein has most likely been ruptured. The exact position of a wound will also often help us to say what vessels are injured; but to do this satisfactorily, more anatomical knowledge will need to be possessed than can be provided here.

To avert the hæmorrhage, pressure is the chief means to be relied on; but the application of cold, and the elevation of the limb or part, in order to assist the circulation, are also invaluable aids in our treatment. For capillary

\* For doses for Children, see Introduction.

hæmorrhage, such as follows on an ordinary cut or wound, a pad of lint, soaked in cold water,

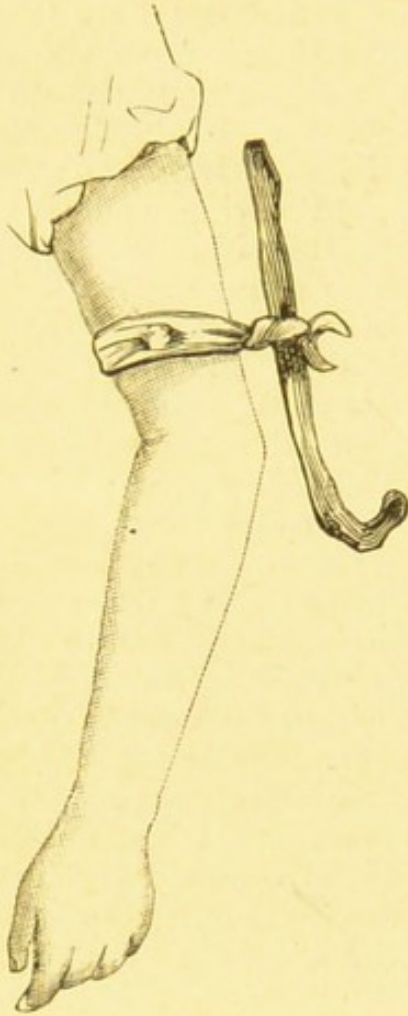


FIG. 9. IMPROVISED TOURNIQUET FOR BRACHIAL ARTERY.

applied to the seat of injury, and kept in place by a turn or two of a roller-bandage, or by a handkerchief folded three-cornerwise, will often prove sufficient. In a wound of the hand or arm, a sling would also be applied. When the bleeding is from the foot or leg, the part should be elevated by placing a pillow or cushion under the heel.

When the hæmorrhage does not cease on application of these simple remedies, or when from any cause we suspect an arterial injury is at the root of the mischief, pressure should be applied

over the trunk of an artery nearer the heart than the actual injury. Of course, if the actual artery that has been divided can be seen, pressure over that will alone suffice. But in many cases it is impossible, till a surgeon arrives, to see that, and then it is best to stop the circulation at a point higher up than the actual bleeding-point. For practical purposes it is enough to remember that the main artery of the upper limb courses down the inside of the upper arm, and therefore, in hæmorrhage occurring in any part of the hand or arm, pressure applied high up in the arm will control it. Similarly, the main

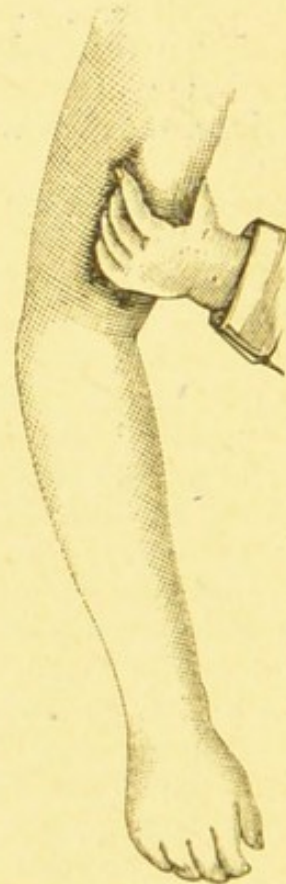


FIG. 10. COMPRESSION OF BRACHIAL ARTERY BY THE FINGERS.

arterial trunk of the leg runs down the inner part of the thigh, and pressure applied high up in

the groin will arrest bleeding in the leg or foot. The pressure can be applied by means of the fingers. If the thumbs are pressed down over the artery, so as to compress it against the bone, the bleeding will cease. But such pressure cannot be kept up efficiently for any length of time, and hence we apply instruments called tourniquets. An efficient tourniquet can be improvised with a handkerchief, a



FIG. 11. TOURNIQUET APPLIED, AND ARM SUPPORTED.

stone, and a stick. Fold a stone in a handkerchief, and wrap it round the limb, with the stone over the blood-vessel. In the case of the upper limb, this would be high up, under the armpit, with the stone to the inside of the arm; and in the leg, the handkerchief would be round the upper part of the thigh, with the stone over the groin. Then knot the handkerchief outside the limb, thrust the stick through the knot, and twist it round and round.

Every turn given to the stick increases the pressure, and thus



FIG. 12. SIDE VIEW OF SCALP-BANDAGE.

a reliable tourniquet is rapidly made.

Fig. 9 shows a tourniquet improvised for the brachial artery; Fig. 10, the brachial artery being compressed by means of the fingers; and Fig. 11, a tourniquet on the brachial artery, and the arm supported by a sling.



FIG. 13. BACK VIEW OF SCALP-BANDAGE.

Troublesome venous hæmorrhage frequently occurs from the

bursting of a varicose vein in the leg. To control it, apply a cold-water pad, and elevate the limb.

When bleeding occurs from



FIG. 14. FOUR-TAILED BANDAGE.

injuries to the palm of the hand, in addition to the pressure exercised at the local seat of mischief, it is always advisable

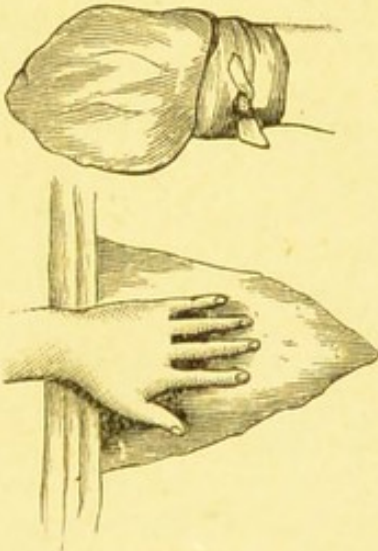


FIG. 15. BANDAGE FOR PALM OF THE HAND.

to apply the tourniquet over the upper part of the arm.

Figs. 12 and 13 show a bandage applied to the scalp, either to

arrest hæmorrhage, or to keep dressings in place.

Fig. 14 shows a four-tailed bandage, to arrest hæmorrhage at the temple. A pad of cork, inclosed in lint or linen, should be placed at the junction of the tails.

Fig. 15 shows a bandage for the palm of the hand, made out of a folded handkerchief.



FIG. 16. PRESSURE ON SUBCLAVIAN ARTERY.

Fig. 16 exhibits pressure being exerted on the subclavian artery, at the root of the neck, by the finger.

For compression of the femoral artery, see Fig. 5, page 75.

See also **Epistaxis, Hæmoptysis, Melæna, and Wounds.**

### **HÆMORRHOIDS** (*Piles*).

Piles are tumours which form in the mucous membrane of the lower part of the bowel. They are generally caused by a varicose condition of the veins of that part; and that, in its turn, is due to a congested and sluggish state of the circulation in the liver. The chief symptoms are the pain and discomfort caused by the presence of the tumours; but

sometimes they get inflamed, and bleed. A sedentary and inactive life, combined with a diet too rich and stimulating, is the chief cause of piles.

Piles, when they are very troublesome, can be removed by the surgeon by a suitable operation; but a great deal can be done to prevent them, and mitigate the suffering they cause, without having recourse to operative interference. To keep the bowels open is the main consideration. Gentle aperients should be used for this purpose, and the homely sulphur and treacle is a very good combination to effect this end. Confection of senna is another very good remedy, and from a teaspoonful to a tablespoonful\* of this may be taken at bedtime. The diet should be regulated, and brisk walking exercise indulged in. For local application, when the piles are painful and troublesome, the officinal ointment of galls and opium is a capital remedy. When the piles are inflamed and bleeding, a lotion should be applied to them, consisting of  $\frac{1}{2}$  ounce of solution of subacetate of lead to  $5\frac{1}{2}$  ounces of water. Hazeline and tincture of hamamelis are also highly recommended in the treatment of piles. The hazeline should be applied locally, in the form of a lotion, and the tincture taken in 10-drop doses, in a tablespoonful of water, three times a day.\*

**HANGING, STRANGULATION.** In hanging and in strangulation, death is due to asphyxia, or suffocation. When a person is found to have hung himself, the remedies recom-

mended for restoring **Suspended Animation** should be applied, after—of course—having first cut the rope, and let the victim down.

**HARE-LIP.** Hare-lip is a congenital deformity of the lip, owing to arrested development, in consequence of which a fissure or gap is left in the lip. It is always on one side of the middle line, and may be single or double. It may be associated with cleft palate, in which the retarded development extends to the bones of the palate, leaving a fissure in them.

The only treatment for hare-lip is to remedy the deformity by operation. The sooner this is done, the better.

**HAY ASTHMA.** See *Asthma*.

**HAY FEVER.** See *Asthma*.

**HEADACHE** (*Cephalalgia, Migraine*). Headache is a symptom common to many diseases. We have it present in most inflammatory affections. Sometimes it points to organic disease of the brain itself. In such cases the pain is persistent, and never leaves for a moment, though it is liable at some times to be greater than at others. The pain is generally referred to one spot, and vomiting is a very constant concomitant. Little can be done to relieve this headache, though a course of iodine should be tried, on the suspicion that the disease is syphilitic. Dissolve 2 drachms of iodide of potash in 6 ounces of water, and take two tablespoonfuls,\* three times a day, for two

\* For doses for Children, see Introduction.



days. If a running at the nose or a ringing in the ears, appears, discontinue the medicine at once. If any benefit follow, continue the prescription for three or four days more, and then take smaller doses for a week or ten days.

There are other headaches that come and go independent of any disease; and these are called *functional* headaches. The headache due to congestion of the vessels of the brain is one example of this form. When the pain is of a throbbing nature, it frequently occurs in those who indulge in too free living. The best remedy is a blue pill at night, followed by a seidlitz powder in the morning, and a sharp walk, or a ride on horseback. This form of headache is also liable to attack brain-workers, or those who have been subject to any long spell of anxiety. The remedy for these cases is change of air, outdoor exercise, and tonics. But by far the commonest form of functional headache in these days of over-pressure is the *nervous*. The pain here is of a stabbing character, and is apt to shift about from one spot to another. Again fresh air and exercise are indicated; and in the shape of drugs, chloride of ammonium very often proves beneficial, and may be taken as in the following formula: Chloride of ammonium, 1 drachm; carbonate of ammonia, 12 grains; spirits of chloroform, 1 drachm; and water up to 6 ounces: one tablespoonful to be taken every four hours.\*

**Megrim, or Sick Headache,** as it is called, is a special form of the affection which demands a few words to itself. It is

essentially a paroxysmal affection, coming on at more or less regular intervals. It causes great prostration while it lasts, and is accompanied by more or less sickness. The pain is usually most intense, and the patient cannot bear the slightest noise, and often cannot stand the light. Frequently, too, he complains of disorder of the organ of vision, and sees flashes of light before his eyes, or wavy, indefinite lines floating about in the air. The pain is usually referred to the brow or the temple. A feeling of drowsiness is always associated with megrim, and the attack, after lasting for a period varying from two or three hours to as many days, ends in a profound sleep, from which the patient wakes up refreshed.

In the treatment of megrim, complete rest in a darkened room, and a diet of milk and slops, are essential, and the patient resorts to them almost from instinct. Many medicines are recommended, but what suits one will not always afford relief to another. As a rule, however, reliance is to be chiefly placed on large doses of bromide of potassium, which can be administered as follows: Bromide of potash, 2 drachms; spirits of chloroform, 1 drachm; syrup of orange, 1 ounce; and water to 8 ounces: take one or two tablespoonfuls\* every two or three hours. Citrate of caffeine, also, sometimes gives relief, and a teaspoonful of the crystals may be dissolved in a little water, and drunk while effervescing.

**HEAD, COLD IN THE.**  
See **Cold in the Head.**

\* For doses for Children, see Introduction.

**HEAD-LOUSE.** See Lice.

**HEAD, NOISES IN THE.**  
See Noises in the Ear and Head.

**HEARTBURN.** See Acidity.

**HEART, DISEASES OF THE.** It is a common custom to talk of *heart disease* as if there were only one affection to which the heart was liable; but it would be just as reasonable to speak of "eye disease," or "leg disease." The heart is a complicated organ, consisting of muscular walls, containing four cavities, separated from one another by orifices containing valves, or curtains; any of these structures may be the seat of many different diseases, which present characteristic symptoms of their own, and whose course is different in every case.

It is out of the scope of this work to enter into the details of heart diseases, for they can only be understood by those who have had a special training in anatomy and physiology. But, as a general rule, it may be said that the symptoms which point to the heart being affected are a combination of palpitation, breathlessness, lividity of the face, cough, and pain at the side. The most common cause of heart diseases is rheumatic fever.

It would be worse than useless to attempt to lay down rules for the home treatment of heart diseases, as every case must be judged on its own merits. It may be said, however, that a sufferer from any form of heart disease should avoid

all active exertion and exercise. He should never hurry, or run to catch trains. He should clothe himself in flannels, and live temperately and regularly. When the symptoms of breathlessness and weakness are severe, he may derive benefit from taking a tablespoonful\* of the following mixture three times a day: Tinctures of digitalis and of steel, of each 1 drachm; infusion of quassia, to 6 ounces. In paroxysms of breathlessness, also, half a teaspoonful of sal volatile, with one or two teaspoonfuls of brandy, in a little water, will often give relief. In advanced cases of heart disease, dropsy often supervenes (see Dropsy).

**HEAT-APOPLEXY.** See Sunstroke.

**HEAT-SPOTS** (*Miliaria*). Heat-spots are little wheals, or circumscribed rings of inflammation, with a white spot in the centre, which attack some constitutions during hot weather. They are attended with a great deal of irritation, and are a variety of nettle-rash. They speedily subside.

If the irritation is excessive, it may be relieved by applying a little of Goulard's Lotion. A cooling and effervescing draught should also be taken, such as a teaspoonful of citrate of magnesia in half a tumblerful of water.

**HEATSTROKE.** See Sunstroke.

**HECTIC FEVER.** Hectic is the name given to that variety of fever which is met with in the

\* For doses for Children, see Introduction.

course of long-continued wasting diseases, as consumption. It is characterised by rise of temperature, great wasting and prostration, anæmia, with a flushing on the cheeks, known as the "hectic flush." It is **non-contagious**.

In the treatment of hectic, in addition to the general treatment given under **Fever** (which *see*), the great indications are to keep up the strength and reduce the temperature; strong soups and jellies are the means for the former, and for the latter purpose relief is afforded by sponging the body over at night with tepid water to which vinegar has been added. Four tablespoonfuls of vinegar may be used to 1 pint of water. Quinine is also a serviceable medicine for both purposes, and powders of 1 grain in a little milk may be given three times a day.

**HEMICRANIA.** *See* **Neuralgia**.

**HEMIPLÉGIA.** *See* **Paralysis**.

**HEPATIC DROPSY.** *See* **Dropsy**.

**HEPATITIS** (*Congestion of the Liver*). This disease may be secondary to some form of heart disease, or dependent on some obstruction to the portal circulation; or, in other cases, it may arise from ague, want of exercise, or over-indulgence in stimulating food.

The chief symptoms of hepatitis are pain and weight on the right side, with a pain under the

shoulder, various dyspeptic symptoms, constipation, and headache. In acute cases there may be fever.

If the pain is very severe, hot fomentations should be applied over the abdomen. A blue pill should be given overnight, followed by a seidlitz powder in the morning, and a tablespoonful of a mixture containing  $1\frac{1}{2}$  drachms of Gregory's Powder, in 6 ounces of peppermint water, taken every four hours. The diet should consist of slops. When convalescence is established, the patient should take two tablespoonfuls,\* three times a day, of a mixture containing 1 drachm of dilute nitro-muriatic acid and  $1\frac{1}{2}$  drachms of taraxacum juice, in 8 ounces of compound infusion of gentian. The diet should be limited to mutton and poultry; alcohol must be forbidden, and exercise enjoined.

**HERNIA.** Hernia means rupture, and signifies the protrusion of any organ out of its place. The term is usually applied to the hernia most commonly met with, which is the protrusion of the bowel out of the abdominal cavity, down the *inguinal* canal, into the scrotum, or along the inner and upper part of the thigh. The latter form is most commonly met with in women, and is called *femoral hernia*. *Inguinal hernia*, on the other hand, is most common in men.

Umbilical hernia is a hernia through the umbilicus, or navel. It is most frequently seen in newly-born children, but is occasionally met with in females who have had a large family.

\* For doses for Children, *see* Introduction.

Anything that weakens the abdominal walls which shut in the bowel tends to predispose to hernia. The exciting cause is usually some violent muscular effort, such as lifting a heavy weight. A hernia is generally easily recognised. A protrusion or swelling appears, which tends to grow bigger, and which evinces a distinct impulse on coughing. A hernia at first can easily be put back into its place, and is then said to be *reducible*. *Irreducible herniæ* are those which cannot be returned. When a hernia, from any cause or other, gets nipped, so as to prevent any circulation in it, or any passage of fæces through it, it is said to be *strangulated*. This sets up all the symptoms of obstruction of the bowels, and is a most serious condition, calling for active surgical interference immediately.

The treatment of hernia consists in returning it to its place, and keeping it in position by a properly-constructed truss, to be obtained from any instrument maker. This truss should be worn constantly, but may be put off when the patient retires to bed: if this is done, it should always be applied before getting up again in the morning. At first the truss may cause a little irritation of the skin; but this soon wears off, and may be relieved by dusting the part over with some oxide of zinc. In irreducible herniæ, a truss should also be worn made of a special shape to suit the case. With reducible umbilical hernia of children, an efficient truss can be made by wrapping a penny in a pad of lint, applying it over the

rupture, and keeping it in place with some sticking-plaster and a flannel bandage. For irreducible umbilical hernia, a belt should be worn, which can be obtained of instrument makers.

A sufferer from hernia should always be careful about taking aperients. He should be specially so if he has any constipation, for fear there may be strangulation, and aperients would only make matters worse. An enema of a pint of warm water is the best remedy to use in such a case.

**HERPES** (*Herpes Zoster* or *Zona, Shingles*). Herpes is a skin affection, consisting in patches of little pimples containing fluid, and surrounded by an inflamed area of the cuticle. They are attended with a good deal of itching, and run their course in three or four days, after which they dry up. They may be dusted over with zinc oxide, or zinc ointment may be applied to them.

**Herpes Zoster, or Shingles**, is a specific kind of herpes, in which the little vesicles are scattered irregularly along the course of one or more of the intercostal nerves, between the ribs. This affection is always *unilateral*—that is to say, it is limited to one side of the body, and the vesicles never cross the median line. It is generally attended with pain of a severe neuralgic character.

The best local remedy to apply to shingles is an ointment containing aconitia. Quinine may also be taken internally, in 1-grain doses,\* three times a day.

**HICCUP.** This is due to spasmodic action of the dia-

\* For doses for Children, see Introduction.

phragm. It is sometimes met with in diseases accompanied by much wasting, but is generally due to indigestion. It may come on from nervous irritation, as in cases when hot, stimulating foods, such as curries, are partaken of.

Hiccup does not call for much treatment. The household remedy of holding the breath, or of swallowing a glass of water, are generally efficacious. If it does not cease, 5 drops of terebene on a lump of sugar should be taken.\*

### **HIP-JOINT DISEASE**

(*Morbus Coxæ*). The hip is liable, especially in scrofulous and delicate children, to become subject to chronic disease, the main features of which are a slow inflammation, and progressive ulceration and destruction of all its tissues.

The disease comes on insidiously, and manifests itself by pain, stiffness, and lameness. As the case advances, the pain becomes greater; and it is a striking feature in the disease, that the pain is always referred to the knee. If the disease goes on unchecked, the affected limb becomes shorter than the sound one; and in advanced cases, where the bony tissues are destroyed, dislocation takes place. If treated in time, recovery is the rule; but the affection is always a chronic one, lasting from two or three months to a year or two.

The great imperative and essential line of treatment is complete rest in bed. Sand-bags should be placed along the side of the limb; or, if necessary, splints may be applied. The general health should be improved by nutritious diet, and cod-liver oil

is specially indicated in these cases.

**HIVES.** See **Nettle-rash.**

**HOARSENESS** (*Loss of Voice*). Hoarseness, in severe cases, may extend to perfect loss of voice. It is due to congestion and inflammation of the mucous membrane of the throat, trachea, or respiratory tract. Sometimes it is due to spasm and paralysis of the vocal cords. In this last case it must be left to a laryngologist to deal with. When it is the result of cold, the steam from hot water should be inhaled frequently, and a gargle containing 1 drachm each of chlorate of potash and boracic acid, in 8 ounces of water, used.

Hoarseness is sometimes due to excessive dryness of the mucous membrane of the throat and larynx from over-exertion, as in the familiar case of clergyman's sore throat (*see also Laryngitis*). The best remedy in these cases is to suck the lozenges of chlorate of potash, or chlorate of potash combined with borax, and to give the voice complete rest for some time.

See also **Sore Throat.**

**HOB - NAILED LIVER.**  
See **Cirrhosis.**

**HOOPING - COUGH.** See **Whooping-cough.**

**HORDEOLUM.** See **Stye.**

**HOUSEMAID'S KNEE.** This is an acute inflammation of the bursa, situate over the knee-cap, and between it and the skin. It is commonly met with

\* For doses for Children, see Introduction.

in servants, and those who have much kneeling to do on cold or damp stones. It is accompanied by pain, fever, and swelling.

Perfect rest is the first indication of treatment. If the pain is severe, poultices may be applied. When the pain has abated, a little iodine ointment should be smeared over the part. The diet should be low, and a tablespoonful taken every four hours of a mixture containing 1 drachm of nitre, 2 drachms of sweet spirits of nitre, 6 grains of carbonate of ammonia, and 1 drachm of tincture of henbane, in 6 ounces of camphor water.

### **HUMERUS, FRACTURED.** See **Fractures.**

**HYDATIDS.** These are cystic tumours caused by the presence of the larvæ of a tapeworm, or parasite, called *Tænia echinococcus*. This parasite infests the intestines of the dog, and is voided in its fæces. It gains entrance to the human system by the food or water, and when there takes up its habitat in some tissue or organ.

The organ chiefly attacked is the liver, and the symptoms are swelling and pressure, caused by the growth of a cystic tumour. The tumour may suppurate and burst, having a fatal issue, or it may dry up, and become encysted.

The treatment consists in the surgeon tapping it, or drawing off the fluid by means of a trocar and cannula.

**HYDROCELE OF THE SPERMATIC CORD.** This is a collection of serum in the sheath of the cord above the

testes. It forms a pear-shaped swelling, with the smaller end upwards. The main symptoms, besides the swelling, are those of weight and discomfort. It is occasionally due to injury, but more often comes on independently, and is often caused by straining. It is frequently congenital.

The patient should wear a suspensory bandage, and the treatment is purely surgical.

**HYDROCEPHALUS** (*Water on the Brain*). *Acute hydrocephalus* is a synonym for tubercular meningitis, which is dealt with under the heading **Meningitis, Cerebral.**

**Chronic Hydrocephalus** is an affection of children, either congenital, or coming on in early life, in which there is a great excess of fluid in the ventricles of the brain. Owing to this the head is much enlarged in size, and changed in shape. There is little difficulty in recognising it.

Hydrocephalus generally ends in death, after a longer or shorter period. The only treatment that can have any chance is for the surgeon to try compression with strips of plaster. In some cases the administration of iron and cod-liver oil has been found beneficial, and in others mercury has been given with success. Teaspoonful-doses of iron or steel wine, and cod-liver oil, may be given twice a day. Mercury can be given, in doses of 1 grain of grey powder twice a week; or a little blue ointment, about the size of a bean, may be rubbed into the soles of the feet every second night. Very little benefit, however, follows the use of these remedies.

**HYDRO-NEPHROSIS** (*Dropsy of the Kidneys*). This is the result of any obstruction to the flow of urine from the kidney, and results in the atrophy and disorganisation of the organ.

Treatment is of no avail.

**HYDROPHOBIA.** See **Rabies.**

**HYDRO-THORAX** (*Dropsy of the Chest*). This is sometimes a sequel of heart, liver, or lung disease, in which, owing to the obstruction of the circulation, there is an exudation of serum into the pleural cavity. The main symptom is dyspepsia, and to obtain relief the fluid must be got rid of by "tapping."

**HYPERTROPHY.** Hypertrophy is the reverse of atrophy, and consists in the overgrowth of an organ. This may be due to increased exercise, and is often a conservative or compensatory effort of Nature to make up for some part that has been weakened or atrophied through disease.

**HYPPOCHONDRIASIS.** This may be looked on as a variety or modification of hysteria. The patient is tormented by gloomy fancies, imagines himself ill, makes out everything to be worse than it is, and settles down into a morose condition of sloth. He should be braced up by change of air, genial society, and outdoor exercise, and his mind taken off himself as much as possible. See **Insanity.**

**HYSTERIA.** This peculiar nervous disease chiefly affects women from the time of puberty

to thirty years of age. It is occasionally met with in men. The name was given to this disease from the idea that it was due to some affection of the womb. Its occurrence in the male sex, however, disposes of that assumption. But it is in many cases intimately connected with some perversion of the sexual functions. It is more common among unmarried women than among married ones, and it is most likely to break out at the menstrual periods. Moreover, it is frequently connected with a distinct congested or inflamed condition of one of the ovaries. Of its pathology, however, nothing at all is known. It is more common among ladies who live an idle, unoccupied life than among those who have to work for their living. Emotional causes will also often produce hysteria. The commonest of such causes are sudden frights, intense grief, and religious excitement. In these cases it is very contagious, as may be witnessed at any "revival" meeting.

Hysteria manifests itself in paroxysms, known as hysterical fits, in a disordered condition or action of the emotions, the intelligence, and the will, and in certain pseudo-paralytic affections. The hysterical fit simulates epilepsy, but the patient never totally loses consciousness, can always be roused, is more or less noisy, and never hurts herself in any of her convulsive movements. The perverted intellectual functions manifest themselves in many ways. She takes strange dislikes, and her conduct becomes altered. She refuses to eat; she becomes irritable; she feigns different

diseases, and perhaps will spend months or years in bed. The nerves may become more sensitive than normal. One very common feature in hysterical cases is the complaining of a constant pain over the brow, which is likened to a nail being driven into the skull. To this the name of *clavus* is given. Another common symptom is the hysterical *globus*, which consists in the rising of a ball in the throat every time the patient attempts to swallow.

The best thing to do in a hysterical fit is to rouse the patient by dashing cold water over her. The treatment of hysteria proper is one of the most difficult things in medicine. Moral means are the great remedies to apply. The patient ought, if possible, to be separated from her friends, and no attention should be paid to her different complaints. But this does not imply the employment of any harshness or cruelty. The thing to do is to try and rouse the patient out of herself. Change of air and scene will often do this. But, as before said, it is always a difficult disease to treat, and its treatment may be summed up by saying that it consists in a wise and judicious firmness, or the happy combination of the *suaviter in modo* with the *fortiter in re*.

**ICHTHYOSIS** (*Fish - skin Disease, Xeroderma*). This is a scaly skin disease, unaccompanied by any itching, and in which the skin is rougher and drier than usual. The scales are large and hard, and there is no accompanying inflammation. It generally occurs on the face and hands and arms. It is a congenital affection,

and is frequently associated with tuberculosis.

The only treatment is palliative. Hot alkaline baths may be tried, and the affected parts anointed with a salve containing 1 drachm of borax to 1 ounce of vaseline.

**ICTERUS.** See **Jaundice.**

**IDIOTCY.** See **Insanity.**

**IMBECILITY.** See **Insanity.**

**IMPETIGO** (*Ecthyma*). Impetigo is a disease of the skin characterised by the formation of pustules, surrounded by an inflammatory ring. It may affect any part, but is most commonly met with in the heads of young children. It is frequently an accompaniment of the process of teething.

At first the pustules are separate, and vary in size from that of a pin's head to that of a split pea. The presence of pustules implies the process of suppuration, and, as the suppuration goes on, the tops of the pustules loosen, and fall off, leaving a raw surface of skin. If things go on favourably, scabs form, and the disease is healed in the course of a few days. But in other cases the raw surfaces coalesce, and large, yellow-looking crusts appear. The disease, though not infectious, is spread by inoculation. Thus, if a child scratches one of the spots on its head, it may inoculate the disease in some other part of the body.

The local treatment of impetigo consists in removing the scabs by a bread poultice, and applying weak nitrate of mercury ointment. Internally, quinine should be given.



The following prescription would suit a child, say, of five years of age: Quinine sulphate, 4 grains; dilute nitro-muriatic acid,  $\frac{1}{2}$  drachm; simple syrup, 1 ounce; and water up to 6 ounces: a table-spoonful to be taken three times a day.

**INCONTINENCE OF URINE.** See **Bladder, Diseases of the.**

**INDIGESTION** (*Dyspepsia*). Indigestion, if treated at length, would cover a wide field, for it is not only present in all diseases of the stomach and bowels, but is also associated with those of many other organs. Still, cases are often met with, in which dyspepsia is complained of, which seem to be independent of any organic disease; and it is to dyspepsia in this sense that we will limit our attention.

Indigestion may be caused by errors in diet. It may be due simply to eating improper food, such as shell-fish, pastry, pickles, or anything that has been found to disagree with the individual constitution; or it may be due to taking too much food, or, just as frequently, to taking too little. Again, the interval between meals may be too long, which may often cause dyspepsia. Then, dyspepsia may be due to certain unhealthy conditions of the stomach or bowels. Apart from actual disease, constipation may cause it, or a certain irritability of the stomach. Again, the stomach may be subject to catarrh, and the mucous membrane becoming inflamed may cause indigestion. Dyspepsia may, in other cases, be secondary to nervous causes, such as hysteria.

Under powerful mental emotions, such as fear, anxiety, and grief, indigestion may arise. Lastly, in many cases dyspepsia seems to have established itself into a chronic condition mainly through the patient's stupidity in treating himself, and often—in females especially—from their dosing themselves with pills, and getting prescriptions for imaginary ailments, instead of living a life of natural simplicity.

The principal symptoms of dyspepsia are well known, and include pain, derangement of appetite, flatulence, sickness, and vomiting. The pain varies in character, but is generally referred to the pit of the stomach. When it is of a burning, acrid character, it is called *acidity*, or *heartburn* (see **Acidity**). Sometimes it is only felt when the stomach is empty; at others, it only appears after meals. In some cases it is always present, but becomes worse after taking food. The appetite is generally impaired, but sometimes it is increased. In many cases dyspepsia shows itself simply by a distaste for certain articles of food. Flatulence is present in almost all cases, from the distension of the stomach and bowels with wind and gas; it is generally aggravated after a meal. There is generally more or less nausea, which may amount to actual vomiting. The vomited matter may be simply the food; but sometimes it consists of slimy mucus only. It is astonishing sometimes to see the amount vomited. In some cases there is an eructation of a little watery mucus, some time after a meal. This condition is called *pyrosis*, or *water-brash*. The bowels are gene-

rally confined, but sometimes diarrhoea is present. The nervous system gets involved in most cases, and irritability, lassitude, and inability to take active exercise, manifest themselves.

The treatment of dyspepsia should aim at restoring the natural vigour of the digestive organs, by accustoming them to plenty of plain food, at regular intervals. It is impossible to lay down any hard-and-fast rule, as what is one man's meat is another man's poison. Generally speaking, breakfast should be taken at eight o'clock, and should consist of fish, eggs, bacon, bread and butter, and *café au lait*; lunch, at one o'clock, may comprise fish, with a chop or poultry; or beef, potatoes, and a little light pudding, with a couple of glasses of claret or hock, or some other light wine. A cup of weak tea, with bread and butter, may be taken between four and five; and dinner, at seven or eight, should consist of much the same things as prescribed for lunch. At bedtime, a biscuit or two may be taken. Free and active exercise should also be indulged in.

It is difficult to prescribe medicinally without actually seeing the case. In those cases in which there seems to be a want of tone in the stomach, with a little flatulency after meals, the following mixture will prove useful: Compound rhubarb powder, 1 drachm; spirits of chloroform, 1 drachm; syrup of ginger,  $\frac{1}{2}$  ounce; and peppermint water to 6 ounces: two tablespoonfuls,\* three times a day, half an hour before meals. In cases where there is much pain and sickness, a combination like the following may be taken: Sub-

nitrate of bismuth, 1 drachm; mucilage,  $\frac{1}{2}$  ounce; compound tincture of cardamoms, 2 drachms; dilute hydrocyanic acid, 24 drops; and peppermint water to 6 ounces: two tablespoonfuls\* to a dose, before meals. When the prominent symptom is a loss of appetite, two tablespoonfuls\* of a mixture containing  $1\frac{1}{2}$  drachms of dilute muriatic acid, in 8 ounces of infusion of calumba, may be taken three times a day. To relieve water-brash, or pyrosis, 5 to 10 grains of compound kino powder should be taken, coupled with a wineglassful of Hunyadi Janos water, in the morning. For the treatment of heartburn, the paragraph on **Acidity** should be consulted.

#### **INFANTILE CONVULSIONS.** See **Convulsions.**

**INFANTILE PARALYSIS** (*Children's Paralysis*). Infantile paralysis is due to an inflammation of the spinal cord, and its onset is usually marked with febrile symptoms. Then the child is observed not to kick its leg as usual; or the arm may be affected, and rendered useless; or the four limbs may be attacked at the same time. Atrophy, or wasting of the muscles, results, and the limbs cease to grow.

Medical advice should be got at once. Electricity is the agent always employed in these cases; but the nature of the current to be used depends on the condition of the muscles, so that it is essential for a doctor to examine each case. In addition, the muscles should be rubbed with a flesh-brush. Internally, medi-

\* For doses for Children, see Introduction.

cines should be given also. In the early stage of the disease, the liquid extract of ergot should be given, in 10-drop doses, diluted with a teaspoonful of water, three times a day. If atrophy sets in, the ergot should be discontinued, and teaspoonful-doses, containing  $\frac{1}{2}$  drachm of solution of strychnine, in  $1\frac{1}{2}$  ounce of water, administered thrice daily. These doses apply to children from two to four years of age.

**INFANTILE REMITTENT FEVER.** See **Enteric Fever.**

**INFECTIOUS DISEASES.**  
See **Contagious or Infectious Diseases.**

**INFLAMMATION.** This is a concomitant of the vast majority of diseases. Thus, *bronchitis* is an inflammation of the bronchial tubes; *nephritis*, of the kidneys; and *tonsillitis*, of the tonsils. Inflammation may attack any organ or part of the body. It may result from some injury, as a blow; or from the presence of some foreign body, as is often seen in the case of the eye; or it may be due to exposure to cold or wet.

There are four *classical* symptoms of inflammation, so called from the fact of their having been handed down from the earliest writers on medicine. These are—pain, redness, heat, and swelling, and they are present in nearly all cases of inflammation. Of course, in the case of inflammation of internal organs the swelling and redness are not seen, as they are when the eye or the finger is attacked. Inflammation may ter-

minate in *resolution*, or recovery, or it may go on to *suppuration*—that is, the formation of pus, or matter, which may end in necrosis or mortification.

The treatment of inflammation merges into that of the organ attacked. But there is one general indication in all inflammations, and that is, the enforcement of perfect rest. In addition, we try to cool the blood by saline mixtures and low diet. A good saline mixture can be obtained by dissolving 1 drachm of nitre in 6 ounces of water, taking a tablespoonful every four hours. If the inflamed part be in an external and accessible position, the application of evaporating lotions, such as simple spirits and water, is beneficial; linen or cotton rags should be soaked in the lotion, and changed as often as they become warm or dry.

**INFLUENZA.** True influenza is a disease rarely seen now, though the name is often given to severe colds in the head. In its real form it is an **infectious epidemic**, causing great weakness.

The prominent symptoms of influenza are feverishness and pains, with congestion of the nasal and respiratory mucous membranes, causing great uneasiness, and a cough, attended by a thick, muco-purulent expectoration. It lasts for about a week, and ends in a copious perspiration, leaving great debility.

The treatment consists in confining the patient to his bed, and keeping him on a low diet. Steam inhalations give great relief, and a tablespoonful\* of a mixture of

\* For doses for Children, see Introduction.

1 drachm of nitre,  $\frac{1}{2}$  ounce of solution of acetate of ammonia,  $\frac{1}{2}$  ounce of paregoric, 1 ounce of syrup of tolu, to 6 ounces of water, may be given every four hours. When the patient is convalescent, tonics, such as steel-wine and quinine, should be administered.

### **INGROWING TOE-NAIL.**

See **Toe-nail, Ingrowing.**

### **INGUINAL HERNIA.**

See **Hernia.**

**INSANE, GENERAL PARALYSIS OF THE.** See **General Paralysis of the Insane.**

**INSANITY** (*Madness, Mental Derangement*). It is impossible to give a definition of insanity, as the border-lands of sanity and insanity dovetail into each other. The following are the chief varieties of insanity:

Firstly, there is *mania*, in which there is great excitement, accompanied with hallucinations. Then there is *melancholia*, in which the patient shows depression of spirits, and suffers from delusions about two or three objects; *hypochondriasis* forms a division of melancholia. In the third place, there is *monomania*, in which condition the delusion is limited to one object chiefly, though outside that object the patient's intellect is not always entirely sound. There is no depression of spirits in monomania. Fourthly, we have *dementia*, including *senile imbecility*, where all the powers of the mind are weak and debilitated. Lastly, there is *idiocy*, which is generally a con-

genital condition, characterised by an absence of all the cerebral powers.

This is not the place to discuss the treatment of insanity, which must be left a question between the patient's friends and their doctor.

**INSOLATION.** See **Sun-stroke.**

**INSOMNIA.** See **Sleeplessness.**

**INTERMITTENT FEVER.** See **Ague.**

**INTERNAL HÆMORRHAGE.** See **Hæmorrhage.**

**INTERTRIGO.** See **Chafing.**

**INTESTINAL WORMS.** See **Worms.**

**INTOXICATION.** See **Alcoholism and Delirium Tremens.**

**INTUSSUSCEPTION.** See **Bowels, Obstruction of the.**

**INVERTED EYE-LASHES.** See **Eyelashes, Inverted.**

**IRIS, INFLAMMATION OF THE.** See **Iritis.**

**IRITIS** (*Inflammation of the Iris or Coloured Membrane of the Eye*). Iritis may be due to injury, but is generally the result of syphilis or rheumatism. The chief symptoms are intolerance of light, a change in the colour of the iris, with effusion of lymph thereon, and sluggishness and contraction

of the pupil, with neuralgic pains about the brow, especially at night.

The treatment is local and constitutional. The local treatment consists in dilating the pupil by dropping 5 or 6 drops of a solution of sulphate of atropine (1 grain to 1 ounce of water) into the eye twice a day. Extract of belladonna should be smeared round the orbit at night. The pain may be assuaged by bathing the eye with rags soaked in liniment of belladonna. The constitutional treatment depends on the cause—whether syphilitic or rheumatic. If due to syphilis, a piece of blue ointment the size of a nut should be rubbed into the armpit night and morning, and discontinued when the gums begin to get tender. If rheumatism is the cause, 5 grains of calomel should be taken at bedtime, and a tablespoonful of the following mixture three times a day: Iodide of potash and bicarbonate of potash, of each 1 drachm; tincture of rhubarb, 1 drachm; and infusion of calumba to 6 ounces.

**IRREDUCIBLE HERNIA.** See **Hernia.**

**IRRITABILITY OF THE BLADDER.** See **Bladder, Diseases of the.**

**IRRITANT POISONS.** See **Poisons.**

**ITCH** (*Scabies*). Scabies, or itch, is due to the presence of a minute parasite, which burrows in the skin, beneath the horny layer. The name of the parasite is *Acarus scabiei*, and it has been likened to a cheese-mite. Any part of the body is subject to

itch, but it most commonly affects the fingers and the wrists.

The presence of the insect sets up intolerable itching, which is most severe at night. Eruptions are also produced by it, and aggravated by the scratching to which the patient has resource to relieve the itching. These eruptions are generally vesicular in character, but often they become pustular. Itch is very **contagious.**

The treatment of itch resolves itself into destroying the parasite by a germicide, and such an agent we have in sulphur. In order to use it effectually, the skin must be softened by a hot bath, and a thorough scrubbing with carbolic soap. Then rub in the sulphur ointment, and wear the same flannels while undergoing treatment. Repeat the process for two or three nights, and the cure is by that time usually effected. The clothes and sheets must also be boiled in a disinfectant fluid, as carbolic acid.

**ITCH, BAKERS'.** See **Ec-zema.**

**ITCH, GROCERS'.** See **Ec-zema.**

**ITCHING AT THE ANUS.** This is a very troublesome affection. It is sometimes due to thread-worm, which should be got rid of.

The bowels must be kept freely open by a seidlitz powder or castor oil. The part should be bathed frequently with hot water, and an ointment of  $\frac{1}{2}$  drachm of creasote to 1 ounce of benzoated lard, applied to it night and morning.

**JAIL FEVER.** See **Typhus Fever.**

**JAUNDICE** (*Icterus, Yellows*). Jaundice is not a disease of itself, but a symptom of disease. Its prominent feature is the yellow staining of the skin and of the whites of the eyes. Concurrently with this there is constipation, and such motions as are passed are of a light or clayey colour. The urine is also very highly coloured, and on pouring a little of it on one part of a white saucer, and on another part a few drops of strong nitric acid, and bringing the two fluids into contact, a remarkable play of colours, changing from green to orange and red, is noticed. The tongue is also white, and there is sometimes noticed an extreme itching of the skin. The temper is not improved, and the patient often proves very irritable. All the *discoloration* symptoms of jaundice are due to the presence in the circulation, and the deposition in the tissues, of bile pigment. In health, bile is secreted in the liver, and passes through the gall-bladder into the bowel, where it colours the fæces a dark hue, and serves to emulsify the fatty matters of the food, and to act as an excitant to the bowel. When jaundice is observed, it is nearly always due to some obstruction existing, by which the flow of bile into the bowel is prevented, and it is, hence, re-absorbed into the blood. One of the commonest causes of obstruction is the presence of a gall-stone in the bladder or one of the gall-ducts (see **Gall-stone**). Another cause is catarrhal inflammation of the

biliary ducts, causing obstruction by the exuded matters inside them. Tumours, either of the liver or of neighbouring organs, may also cause jaundice. Cancer is a frequent cause. There are also cases of jaundice occurring in acute fevers, such as yellow fever, which are not due to obstruction.

The treatment of jaundice consists in finding out the cause, if possible, and setting that right. If it is a gall-stone, the paragraph on that subject will point out the details of treatment. In many cases it is impossible to precisely determine the cause. Hence, we must be content with keeping our patient quiet, regulating his diet, and trying to stimulate the liver and bowels by some mild saline aperient, such as a seidlitz powder. The following mixture will also be found useful: Bicarbonate of soda, 1 drachm; taraxacum juice, 1 drachm; compound infusion of gentian, 6 ounces: a tablespoonful\* to be taken three times a day. The diet should be similar to that given under the head **Indigestion**. A dose of a mineral water, such as Hunyadi Janos, taken fasting, in the morning, is also a capital remedy for jaundice.

**JAWBONE, FRACTURE OF THE.** See **Fractures.**

**KERATITIS.** See **Corneitis.**

**KELOID.** A very rare skin affection, characterised by the formation of patches, which look like thickened skin, and which

\* For doses for Children, see *Introduction*.

send out claw-like processes into the surrounding parts. There is no formation of scales. Itching and tenderness are sometimes present.

Nothing is known of the causation of keloid, and little can be done for it in treatment. Painting the patches with tincture of iodine has been recommended, and in some cases they have been removed by operation.

**KIDNEY COLIC.** *See Calculus, Urinary.*

**KIDNEY, STONE IN THE.** *See Calculus, Urinary.*

**KIDNEYS, DEGENERATION OF.** *See Bright's Disease.*

**KIDNEYS, DROPSY OF THE.** *See Hydro-nephrosis.*

**KING'S EVIL.** *See Scrofula.*

**KINK-COUGH.** *See Whooping-cough.*

**KINK-HOAST.** *See Whooping-cough.*

**KNEE, HOUSEMAID'S.** *See Housemaid's Knee.*

**KNOCK-KNEE.** This is a deformity, well expressed by the name, in which the ends of the thigh-bone approximate to each other. It has to be rectified by mechanical appliances, to be procured of instrument makers.

**LACERATION.** *See Wounds.*

**LAND SCURVY.** *See Purpura.*

**LARDACEOUS DEGENERATION.** *See Degeneration.*

**LARYNGISMUS STRIDULUS.** *See Croup (False).*

**LARYNGITIS** (*Inflammation of the Larynx*). Laryngitis means inflammation of the organ of voice, and it may be *acute* or *chronic*.

**Acute Laryngitis** is a very dangerous affection. It may be due to exposure to cold, or the inhalation of some irritating dust; but its most common cause is the accidental swallowing of boiling water, which is a frequent occurrence with children.

The symptoms are intense pain—referred to the prominence in the neck known as Adam's Apple—great difficulty of breathing, loss of voice, and a peculiar cough. Unless speedily relieved, death occurs from suffocation within twenty-four hours.

The treatment is at once to call for a surgeon, who will afford relief, if necessary, by opening the windpipe by the performance of the operation known as tracheotomy. Till he comes, ice-bags should be applied to the throat. After the operation the strength must be kept up by a liberal supply of beef-tea, port wine, and brandy.

**Chronic Laryngitis** is not at all dangerous. It may be the result of bronchitis, or spring from some tumour in the windpipe or in the vocal cords. The tumour may be recognised by examination with a laryngoscope, and perhaps removed. In other cases, it appears as an accompaniment of

some constitutional disease, such as phthisis. A very frequent cause of this form of laryngitis is an undue use of the throat in speaking, and this form is common among clergymen and public speakers.

The chief symptoms are more or less pain, hoarseness, and loss of voice, and a nasty, dry, irritable cough.

The first part of the treatment consists in resting the voice as much as possible, and singing and public speaking must be forbidden. For the laryngitis of phthisis, in addition to the general treatment of that disease, the following mixture should be obtained, and the throat swabbed with it by a brush night and morning: Tannin, 2 drachms; ether,  $\frac{1}{2}$  drachm; glycerine,  $\frac{1}{2}$  ounce; rectified spirit, to 2 ounces. For the laryngitis of clergymen, chlorate of potash is the remedy. A gargle of 2 drachms of that salt in 8 ounces of water gives great relief. This remedy may also be advantageously employed, combined with borax, in the shape of lozenges: one or two of them may be put into the mouth, and sucked occasionally. Steam inhalations also prove very serviceable. In phthisical cases, a teaspoonful of the following mixture, put into a jug of hot water, may be inhaled every night at bedtime: Carbolic acid, 1 drachm; creasote and iodine liniments, of each  $\frac{1}{2}$  drachm; rectified spirit, to 2 ounces. The method of inhaling is to cover the top of the jug with a towel, and then, making a funnel-shaped aperture at one side, to insert the mouth and nose therein, and breathe in the steam for five minutes. All these remedies can be applied as stated for children.

**LARYNX, INFLAMMATION OF THE.** *See Laryngitis.*

**LATERAL CURVATURE.**

A deformity of the spine, which gets twisted on its axis, so as to present the appearance of the letter S. It is most commonly seen in girls between ten and twenty. The principal symptom is a prominence and raising of one shoulder, which is generally the right.

Anything which tends to cause one side of the body to be used more than the other may produce lateral curvature, and hence it is often the result of needlework or writing. Rickets sometimes produce it in children.

In treating lateral curvature, our first aim is to improve the general condition of the body by tonics like steel-wine and cod-liver oil. Cold bathing is also essential, and the back ought to be sluiced with cold water; outdoor exercise should be indulged in, but when indoors the patient should lie on her back on a sofa, and never sit or stand about. In bad cases, mechanical support is necessary; this is effected by various appliances, to be obtained of instrument-makers.

**LATERAL TETANUS.**

*See Tetanus.*

**LEAD COLIC, CHRONIC.**

*See Plumbism.*

**LEAD POISONING.** *See Plumbism.*

**LEG, FRACTURED.** *See Fractures.*

**LENTIGO.** *See Freckles.*



**LEPRA.** See **Psoriasis.**

**LEPROSY.** From various causes, leprosy is a disease which excites equal interest and fear. It is **endemic**—that is to say, it exists in special places. Though at one time common in Europe, it is not so now, and is chiefly confined to tropical climates, though it is also to be found in Norway. Its cause is a little bacillus, which is found in the tissue. It is **contagious**, and hereditary. Leprosy is a disease which attacks both sexes equally, and generally makes its first appearance in the early years of life.

At first the symptoms may only be those of debility, but in a few months the characteristic phenomena of leprosy appear. The first of these is the presence of discoloured blotches of the skin. In the progress of time, the disease may show itself in two varieties. In the first of these, the symptoms manifested are the growth of knotty tumours in the skin, and the thickening of that organ. The parts chiefly affected are the hands, the eyebrows, and the ears. This is called *tubercular leprosy*, to distinguish it from the second variety, in which the symptoms are those of nervous derangement. Certain portions of the skin lose their natural sensibility, while others become hyper-sensitive. As the disease progresses, the muscular tremors appear, and wasting and paralysis supervene. This form is called *anæsthetic leprosy*, and is commonest in hot climates.

Leprosy is a chronic disease, and no cure is yet known for it. Death may occur from gradual exhaustion, or from phthisis, or

some disease of the kidneys or some other organ, which springs up in its course.

**LEUCODERMA.** See **Vitiligo.**

**LEUCORRHŒA** (*Whites*). This consists in a discharge of a pale or greenish fluid from the vagina. It is very common in women, and is a very debilitating disorder.

The treatment is constitutional and local. Iron is the remedy for internal use, and should be taken in the form of sulphate, as in the following prescription: Sulphate of iron, 8 grains; dilute sulphuric acid,  $\frac{1}{2}$  drachm; sulphate of magnesia,  $\frac{1}{2}$  ounce; and infusion of quassia to 8 ounces: two table-spoonfuls three times a day. For local treatment, an injection of sulphate of zinc, of the strength of 4 grains to 1 ounce of water, should be used night and morning.

**LEUKÆMIA.** See **Anæmia.**

**LICE** (*Pediculi, Phthiriasis*). Besides the **Crab-louse**, which has been treated of under that heading, there are two other varieties which attack the human species—the head-louse and the body-louse. They are essentially different. By the irritation of their presence they set up an eruption of the skin. The body-louse is very liable to attack aged people, and the eruption it produces is called *prurigo*, and the itching is termed *pruritus*. To discover the body-louse, the clothes should be examined, as it lives in them.

The head-louse attacks the hairy scalp, preferably the back portion, and is never seen on the

beard or whiskers. Its eggs, or ova, can be seen in the hairs, from which they are easily detached.

The treatment is to rub in an insecticide, and the best is the ammoniated mercury ointment, to be obtained at the chemist's.

**LICHEN.** Lichen is a skin disease in which little, hard, solid, papules appear, which are attended with a good deal of itching. In more severe cases there are also signs of febrile disturbance. There is also another class, in which a good deal of thickening of the skin supervenes. It is **non-contagious**, and usually subsides under treatment, but is liable to break out again.

In the mild cases of lichen, little need be done except to regulate the diet. When feverishness and itching are prominent symptoms, a warm bath with 1 ounce of soda in 1 gallon of water may be prescribed, and two table-spoonfuls\* of the following saline mixture taken every four hours: Nitrate of potash, 1 drachm; solution of acetate of ammonia, 2 drachms; spirits of chloroform, 1 drachm; and camphor water to 8 ounces. Glycerine or cold cream may also be applied to the skin. In the still more severe cases, the advice of a surgeon should be sought.

#### **LIGHTNING-STROKE.**

The effects of lightning on the body vary considerably. Instantaneous death may be the result of a stroke. In these cases the post-mortem appearances present a wide range of difference. There may be simply a few red streaks along the surface of the body;

the hair may be singed, and the skin blistered; sometimes coins, knives, and watches, in the pockets, are found to be melted; the bones are occasionally broken; the clothes are nearly always torn, and often they are singed. In other cases the effects of a lightning-stroke are less severe: a person may be simply stunned, and recover in an hour; or he may be struck deaf and dumb, or blind; apoplexy may be the result, and even insanity has been caused by lightning. These cases often recover; the treatment for them must be found under their appropriate headings. See **Apoplexy, Coma, Insanity, &c.**

**LIPOMA.** A lipoma is a fatty tumour. See **Tumours.**

**LIVER COMPLAINT.** See **Biliousness.**

**LIVER, CONGESTION OF THE.** See **Hepatitis.**

**LIVER, GIN-DRINKER'S.** See **Cirrhosis.**

**LIVER-SPOTS.** See **Pityriasis.**

**LOCAL PARALYSIS.** See **Facial Paralysis** and **Glossolaryngeal Paralysis.**

**LOCKJAW.** See **Tetanus.**

**LOCOMOTOR ATAXY, PROGRESSIVE** (*Tabes dorsalis*). Locomotor ataxy is a peculiar paralytic affection due to disease of the spinal cord. Its causation is obscure, but sexual excess, overwork, and

\* For doses for Children, see Introduction.

especially worry and exposure to cold and damp, are generally put down as its producers. Sometimes it is hereditary. Though it sometimes runs a short course, in the vast majority of cases the disease is of long duration, extending over ten, twenty, or thirty years. In the interval, periods of marked amelioration often occur, and the disease appears in many cases to be arrested, though it is never cured.

The most marked feature of locomotor ataxy is a want or failure of co-ordinating power in the muscles of the lower limbs. The patient becomes quite clumsy; he puts one foot to the ground, and drags the other after it. This defect is specially noticed when he is walking in the dark, or climbing stairs. If he is made to stand with his feet close together, and close his eyes, he loses his balance, and falls. But long before these characteristic symptoms appear there are premonitory signs, the chief of which are pains of a shooting or stabbing character, which radiate along the trunk and down the limbs. Pains are also felt in various organs, such as the bladder and rectum. Paralysis of various nerves also may appear. The eye is often affected, and the patient gets a squint, or sees double, or fails to distinguish colours; the pupils, too, are very much contracted. Gastric disturbances and indigestion are also frequent accompaniments of the disease.

Locomotor ataxy is, as said before, incurable; but its duration is of long extent, and the patient dies of some perfectly

distinct disease. Medicinal treatment has little or no effect, though tonics may be taken with advantage. The pains may be relieved by using belladonna or other anodyne liniment, and great benefit is sometimes obtained from the application of electricity. But the great object of treatment is hygienic: regulate the diet, avoid over-exertion, cold, and damp, and keep regular hours.

### **LONG-SIGHTEDNESS.**

See **Presbyopia.**

### **LOOSENESS OF THE BOWELS.** See **Diarrhœa.**

**LOSS OF APPETITE.** The appetite may fail, or be lost, in consequence of some long-continued disease, or from nervous exhaustion; or it may simply be one of the phenomena of indigestion.

In all cases the cause ought to be searched for and treated; but in simple cases of loss of appetite a bitter infusion, with a mineral acid, may be taken, such as the following: Dilute nitro-muriatic acid, 1 drachm; infusion of quassia, to 8 ounces; two table-spoonfuls,\* three times a day, before meals.

**LOSS OF VOICE.** See **Hoarseness.**

**LOUSE.** See **Lice.**

**LOUSE, CRAB.** See **Crab-louse.**

**LOW FEVER.** See **Enteric Fever.**

\* For doses for Children, see *Introduction*

### LUCIFER-MATCH-MAKERS' DISEASE.

The persons employed in the manufacture of matches are liable to necrosis of the jaws from the inhalation of phosphorus; and lucifer-match-makers' disease is really *phosphorus poisoning*.

The first symptom is usually toothache, followed by swelling and ulceration of the gums. Then the bone gets affected, and the teeth drop out. There is a copious, offensive discharge, and the health is much broken.

The patient should at once be removed from contact with the phosphorus. The rest of the treatment is that for **Abscess** and **Necrosis** (which see), and requires the attendance of a surgeon.

**LUMBAGO.** This disease is characterised by more or less pain of the muscles of the loins, which is generally put down to rheumatism. Cold and wet are the principal causes which produce it.

The pain varies in intensity, from a slight aching in some cases, to the greatest agony in others. The pain is generally quiescent while the patient lies on his back, and starts afresh with every movement. There are no constitutional symptoms.

The treatment consists in allaying the pain with some anodyne, of which, belladonna is the best for our purpose. In the acute stage, a liniment composed of 2 ounces of belladonna liniment and 4 ounces of opodeldoc may be rubbed in every few hours, and a warm flannel roller tied round the patient's body. In more chronic cases, wearing a belladonna plaster affords great relief.

### LUMBAR ABSCESS AND PSOAS ABSCESS.

These abscesses are so called from the regions of the body they affect. When the abscess points in the lumbar region, or low down in the loins, it is called *lumbar*. When it burrows between the abdominal muscle, and enters the sheath of a particular muscle called the psoas, and points in the groin, or even in the thigh, it is a *psoas abscess*.

These abscesses are generally the result of angular curvature of the spinal column (see **Angular Curvature**). They run a chronic course. The treatment is to administer cod-liver oil and steel. In addition, the ordinary treatment for chronic abscess should be followed (see **Abscess**).

### LUNGS, BLEEDING FROM THE. See Hæmoptysis.

### LUNGS, CONGESTION OF THE.

Congestion of the lungs is the result of cold; or in other cases it is produced mechanically, owing to the patient having been confined to bed for a considerable period from some other disease, as typhus fever. When it is caused by cold, if unchecked it results in inflammation of the lungs (see **Pneumonia**.)

The symptoms of congestion are pain, shivering, shortness of breath, and spitting up of rusty-coloured sputum from the presence of blood.

The patient should be confined to bed, and hot linseed-meal poultices applied to the back and the chest. Hot gruel may be given to him to drink, and he should take

a tablespoonful\* of the following mixture every four hours: Citrate of potash, 1 drachm; solution of acetate of ammonia, 2 drachms; ipecacuanha wine, 1 drachm; syrup of tolu,  $\frac{1}{2}$  ounce; and infusion of senna, 8 ounces.

**LUNGS, EMPHYSEMA OF THE.** See **Emphysema of the Lungs.**

**LUNGS, INFLAMMATION OF THE.** See **Pneumonia.**

**LUPUS** (*Rodent Ulcer*). Lupus is a disease of the skin, in which there is a great overgrowth of that tissue. It is generally indicative of a scrofulous constitution. It occurs chiefly in two forms: an *ulcerating* and a *non-ulcerating* variety, which are called respectively, *Lupus exedens* and *Lupus non-exedens*.

The *non-ulcerating* form manifests itself on the face, especially about the nose and ears, in the shape of thick, tubercular masses. The *ulcerating lupus* also chiefly attacks the face, the cheeks and the nose being the principal parts affected. It begins in small, congested spots, which speedily begin to ulcerate; and in the progress of the disease great damage is done to the tissues.

For the treatment of lupus a surgeon should be consulted; but it may here be mentioned that fresh air, iron tonics, and cod-liver oil, are of immense value in treating the disease.

**LYMPHADENOMA.** See **Lymphoma and Lymphadenoma.**

**LYMPHOMA AND LYMPHADENOMA.** These are tumours of the lymphatic glands, consisting of an hypertrophy of their tissue, or a new formation of glands where none exist in health. In all cases of cancer and malignant tumours lymphomata are apt to be formed in the nearest glands. Scrofulous children are also liable to an hypertrophy of the glands, forming lymphadenomata.

For treatment, see **Glands (Enlarged)** and **Tumours.**

**MACULÆ** are discoloured portions of the skin. The chief diseases in which the presence of maculæ is prominent are *nævus*, *lentigo* (freckles), and *vitiligo*, or *leucoderma*. See **Freckles**, **Nævus**, and **Vitiligo.**

**MADNESS.** See **Insanity.**

**MADNESS OF THE MUSCLES.** See **Chorea.**

**MALARIA.** See **Ague.**

**MALARIOUS YELLOW FEVER.** See **Ague.**

**MALIGNANT PUSTULE.** This is an **infectious** disease, propagated from cattle to man; it is commoner in France than in this country.

The disease commences by the formation of a small pustule, which soon sloughs, leaving a black surface. The inflammation spreads deeply to surrounding tissues, causing the neighbouring parts to swell and become red. The constitutional symptoms are

\* For doses for Children, see *Introduction.*

those of severe febrile disturbance, such as were described under the heading **Fever**.

Malignant pustule calls for active medical and surgical treatment at once. In the absence of a medical man, charcoal poultices (as prescribed for **Gangrene**) should be applied, followed by an ointment containing 1 drachm of creasote to 1 ounce of vaseline. The diet should be plentiful, and port wine may be given. A table-spoonful\* of a mixture of 8 grains of sulphate of quinine,  $\frac{1}{2}$  drachm of dilute sulphuric acid,  $\frac{1}{2}$  ounce of compound tincture of cinchona, in 6 ounces of water, should be taken every four hours.

**MALIGNANT TUMOURS.** See **Tumours**.

**MANIA.** See **Insanity**.

**MATCH-MAKERS' DISEASE.** See **Lucifer-match-makers' Disease**.

**MEASLES** (*Rubeola*). This is one of the commonest affections of childhood, owing to its being extremely **infectious**, which makes it impossible for anyone to live long in the world without contracting it. It is **epidemic** in a marked degree. Measles is one of the specific fevers (see **Fevers, Specific**), and its virus, or poison, seems to be given off by the breath, and inhaled. It is most infectious at the onset.

The period of *latency* is about twelve days, and then the symptoms of *invasion* appear. They consist in light headache and feverishness, and inflammation of the air-passages. The nose runs,

the eyes water, and there is often a tickling cough. On the *fourth* day after invasion the rash comes out. This is of a pink hue, and appears at first in separate little pimples, which tend to group themselves in the form of a crescent. Soon, however, they coalesce, and the skin presents a uniform discoloured appearance. The rash appears first on the forehead, near the scalp, and then extends over the face, trunk, and limbs. The back is generally the part most deeply affected. On the *second* day after its appearance the rash is at its height, and then disappears in the same order as it came. It is followed by a fine, scurfy desquamation, or minute peeling of the skin, most noticeable on the forehead.

Measles has to be distinguished from German measles and scarlet fever. In both these diseases the "cold in the head" symptoms are absent, and in scarlet fever the principal premonitory signs are situated in the throat. In German measles, again, the rash is almost co-incident with the invasion symptoms, and in scarlatina it appears on the *second* day, and not on the fourth, as in measles.

The principal sequels and complications of measles are bronchitis, inflammation of the lungs, and inflammation of the middle ear, causing deafness. Diarrhœa and dysentery also sometimes supervene.

In measles it is essential to keep the patient warm in bed, and restrict the diet to milk and light soups, with barley-water to allay thirst. Stimulants are not necessary. Little medicine is required, and aperients should be avoided.

\* For doses for Children, see *Introduction*.

After convalescence is established, it is necessary to be careful that the child does not catch cold, and tonics may be administered with advantage. A change of air is the best of all tonics.

**MEASLES, GERMAN** (*Roseola epidemica*). This disease, though often looked on as a cross between measles and scarlatina, is a distinct affection. It is usually less severe than measles, and the rash is often the first symptom to appear, though it may be preceded by slight headache and febrile signs. The rash is of a dusky-red hue, and usually appears first on the nose and cheeks, and rapidly invades the whole of the body. It attains its height in two days, and then rapidly disappears.

Nothing need be done further than keeping the patient warm in bed. For diagnosis, see **Measles**.

**MEDULLARY CANCER.**  
See **Tumours**.

**MEGRIM.** See **Headache**.

**MELÆNA** (*Bleeding from the Bowels*). The presence of melæna is indicated by the motions being black in colour. It is to be remembered, however, that if a patient is taking iron or bismuth as a medicine, the fæces will be stained black. The principal cause of melæna is ulceration. Piles may also cause it.

The cause must be treated first, and to restrain the **Hæmorrhage** the remedies for internal hæmorrhage mentioned under that heading should be applied.

**MELANCHOLIA.** See **Insanity**.

**MENIERE'S DISEASE.**  
See **Aural Vertigo**.

**MENINGITIS, CEREBRAL** (*Arachnitis, Inflammation of the Brain-Membranes, Tubercular Meningitis, Water Brain Fever*). *Meningitis* is a term applied to inflammation of the membrane of the brain, and *tubercular meningitis* is that form which is due to a tubercular origin. The symptoms of the two varieties, though, are the same. Tubercular meningitis generally attacks children. The invasion of the disease is not well marked. The child suffers for a longer or shorter period from various ill-defined symptoms, the most prominent of which are irritability, vomiting, and squinting. The actual disease has been divided into three stages: the first, one of high fever, accompanied by delirium and vomiting; the second, one in which the febrile symptoms abate, and various paralyses come on; and the third is marked by coma, exhaustion, and death.

Meningitis is generally fatal. The treatment to pursue is to keep the patient quiet, in a dark room, shave the head, and apply ice to it. The bowels should be kept open by doses of jalap. From 5 to 30 grains of the powder may be given at bedtime, according to age. The rest of the treatment is purely to relieve any symptoms that may arise as indicated under the several headings of those symptoms.

**MENINGITIS, SPINAL** (*Inflammation of the Membranes of the Spinal Cord*). Spinal meningitis is caused by injuries, exposure to cold, or extension of

inflammation from the bodies of the vertebræ.

The chief signs of spinal meningitis are pain in the back and along the course of the nerves affected, muscular spasm, and paralysis.

The treatment consists in allaying the several symptoms which manifest themselves. The inflammation may be allayed by ice-bags applied to the spine, the spasm by friction with oils. The paralysis should be treated with electricity and teaspoonful-doses\* of Easton's Syrup.

**MENORRHAGIA** (*Profuse Menstruation*). Menorrhagia is generally the result of debility, or of tight lacing or over-exertion. Hæmorrhage may also come from a tumour in the uterus, so this should always be looked for. But the hæmorrhage resulting from tumour comes on at all times, while menorrhagia is always associated with the menstrual periods.

The patient should, while the discharge is present, either be confined to her bed, or lie on a sofa with her feet up. Her diet should consist of light slops, and everything she takes should be cold. Stimulants must be absolutely forbidden. Ice may be given her to suck. She should take 5 to 10 grains of gallic acid, in powder, every four hours, and a tablespoonful of a mixture of 2 drachms of liquid extract of ergot, in 6 ounces of water, at the same intervals. During the period between each menstruation she should be put on steel, as in the following formula: Sulphate of iron, 8 grains; dilute sulphuric

acid, 1 drachm; infusion of quassia, 6 ounces: two tablespoonfuls three times a day.

**MENSTRUATION, PAINFUL.** See **Dysmenorrhœa**.

**MENSTRUATION, PROFUSE.** See **Menorrhagia**.

**MENSTRUATION, SUPPRESSED.** See **Amenorrhœa**.

**MENTAL DERANGEMENT.** See **Insanity**.

**MIGRAINE.** See **Headache**.

**MILIARIA.** See **Heat-Spots**.

**MOIST TETTER.** See **Eczema**.

**MOLES.** These well-known tumours consist of a hypertrophy of the tissue of the skin, with an excessive deposit of colouring matter. They generally are met with on the face and hands.

Unless a mole is in some exposed part, causing great disfigurement, it had better be left alone. If it is desired to remove a mole, this can be done by the application of a little lunar caustic, or by tying a ligature of silk or cotton round the base of the tumour.

**MOLLITIES OSSIUM.** This disease is characterised by a progressive softening of the bones. It is due to an absorption of the lime-salts of the bones, and hence

\* For doses for Children, see Introduction.



its pathology is very like that of rickets. Unlike rickets, however, it is a disease of old age. It is frequently met with in women who are pregnant. They recover after childbirth, but in other cases the issue is more doubtful.

The symptoms are very insidious, and often nothing is noticed till deformity occurs, or the bones break on very slight cause. But frequently pains suspiciously like rheumatism are complained of, especially at the ends of the long bones.

The only remedy that is of any value is cod-liver oil.

**MOLLUSCUM CONTAGIOSUM.** This is a very rare skin affection, met with in children. It is **contagious**, and its chief seat is the face and head. It consists of round tumours, which are of the same colour as the surrounding skin. There is no pain or itching.

The treatment is to extirpate the tumours with the knife.

**MONOMANIA.** See **Insanity.**

**MORBUS COXÆ.** See **Hip-joint Disease.**

**MORTIFICATION.** See **Gangrene.**

**MOTES.** See **Muscæ volitantes.**

**MOTHER'S MARK.** See **Nævus.**

**MOUTH, CANKER OF THE.** See **Canker of the Mouth.**

**MOUTH, INFLAMMATION OF THE.** See **Stomatitis.**

**MUMPS** (*Parotitis*). This is a specific and **infectious** fever, like measles, scarlatina, and typhoid. Its *latent* period is about twelve days. Little or no feverishness heralds the attack, and generally the first thing noticed is a little swelling in the neck, below the angle of the jaw, which goes on increasing till a large tumour is noticed. The swelling affects the parotid gland, situated just between the ear and the jaw. Difficulty of swallowing accompanies the act, and there is sometimes great pain at the affected parts, especially at first. The swelling remains at its height from three to six days, and then gradually disappears. Sometimes there is a little fine, scurfy desquamation over the affected part.

Mumps is not a serious disease, though in some few cases it is followed by serious consequences. The patient should be kept warm, his diet should be liquid, and the swollen glands should be wrapped up in cotton-wool, and covered with flannel.

**MUSCÆ VOLITANTES** (*Motes*). These are familiarly known as "motes," and they have the appearance of little, fantastic-shaped bodies floating across the field of vision. They are sometimes seen when the eyes are simply tired, but in many cases they are due to a breaking-down of the vitreous humour of the eye. They are not forerunners of blindness. The great treatment for them is rest for the eyes, and tonics of quinine may be taken. When the motes are very troublesome, and seen in a bright light, cobalt-coloured glasses may be used.

**MUSCLES, MADNESS OF THE.** *See* Chorea.

**MUSCULAR ATROPHY.**  
*See* Progressive Muscular Atrophy.

**MUTISM, DEAF.** *See* Deaf-Mutism.

**MYOPIA** (*Short-sightedness, Weak Sight*). Myopia is nearly always due to the long diameter of the globe of the eye being too great, owing to which rays of light are brought to a focus before they reach the retina, and hence dimness of vision is produced. Near-sighted patients can generally see near objects well, but in looking at distant ones the vision is blurred. Myopia is generally hereditary, but it may be acquired from occupations which put a severe strain on the eye, such as watchmaking.

Myopic patients should wear glasses to suit their sight, and to get them properly adjusted for the sight they should go to an ophthalmic surgeon. They should avoid any occupation that tends to make the head stoop, they should never read in a train, and should avoid all closely-printed books. Reading by artificial light, too, should be indulged in with caution. When the eyes are tired and painful they should be bathed with cold water.

**NÆVUS** (*Mother's Mark, Port-wine Stain*). Nævus is a tumour consisting essentially of a mass of dilated blood-vessels. It is nearly always congenital, and its favourite situation seems to be the scalp. It tends to spread.

Surgical treatment is necessary for its removal, but it may be said here that a child born with a nævus may often have it effectually removed by vaccination being performed on it.

**NARCOTIC POISONS.**  
*See* Poisons.

**NASAL HÆMORRHAGE.**  
*See* Epistaxis.

**NECK, WRY.** *See* Wry Neck.

**NECROSIS.** This term signifies the ulceration and death of bone. Necrosis is the result of inflammation, and is accompanied by intense pain and great swelling. Matter forms, and bursts by sinuses which open in the skin.

Poultices, hot fomentations, and rest, are the treatment at first, but for a cure the surgeon needs to remove the dead bone.

**NEPHRITIS.** *See* Bright's Disease.

**NERVOUS PAIN.** *See* Neuralgia.

**NETTLE-RASH** (*Hives Urticaria*). This is an inflammatory affection of the skin. Wheals are formed, the centres of which are white, while the surrounding part is red. The characteristic eruption is produced by stings of nettles, jelly-fish, and gnats. When independent of these causes, it is often due to some indigestible food. There is a great deal of irritation consequent on the rash, and more or less feverish disturbance.

If the rash is due to the ingestion of food of a poisonous character, an emetic of a tea

spoonful of mustard in a cup of warm water should be given. In other cases, a dose of castor-oil may be first administered, followed by a mixture of 1 drachm of compound rhubarb powder in 6 ounces of water, of which 2 tablespoonfuls\* may be taken every four hours. For local application, a lotion of 2 drachms of solution of acetate of lead in 6 ounces of water may be applied.

**NEURALGIA** (*Faceache, Hemicrania, Intercostal Neuralgia, Nervous Pain, Sun Pain, Tic Doloureux*). Neuralgia is pain of a nerve, and is unattended with any pathological symptom of the nerve affected. It may be caused by some distinct irritation, as the presence of a decayed tooth, but in many cases is totally independent of any such cause. It may then be due to ague or malaria, or, more commonly still, be simply the result of poor living and bad blood.

The pain is generally described as of a lancinating or stabbing character. It usually attacks the face in the nerves in the forehead over the eyebrow, when it is called brow ague, or the nerves of the jaw, when it is generally due to decayed teeth.

The treatment of neuralgia consists in first finding out if there is any specific cause for it, and removing it. In cases of brow ague, or those neuralgias due to malaria, quinine is our staple remedy: Quinine, 8 grains; dilute nitromuriatic acid,  $\frac{1}{2}$  drachm; spirits of chloroform, 1 drachm; compound infusion of gentian to 6 ounces: take two tablespoonfuls\* every four hours. When quinine

fails, as it sometimes will do, chloride of ammonium may be taken, as follows: Chloride of ammonium, 1 drachm; carbonate of ammonia, 8 grains; infusion of quassia to 8 ounces: take two tablespoonfuls\* every four hours. The following local application is also a capital one in neuralgia: Aconite and chloroform liniments, of each 1 drachm; belladonna liniment, 2 drachms; compound camphor liniment, 1 drachm; and olive oil or opodeldoc to 2 ounces: a little to be rubbed over the painful nerve occasionally. In all neuralgias, and especially those dependent on impoverished blood, the best preventive is a course of cod-liver oil, combined with plenty of fat meat and Guinness' stout. If this treatment is persevered in it will often ward off neuralgia for years.

**NEURITIS, OPTIC.** See *Optic Neuritis*.

**NIGHT-BLINDNESS.** This is due to the retina being weakened from exposure to strong light, and unable to distinguish light in darkness. It may vary from mere dimness to complete blindness. It is chiefly met with in persons who have been exposed to much sun-glare—as in the cases of those who have resided in the tropics—and is sometimes the result of scurvy and ague. When it is so, the treatment for these diseases must be followed (see **Ague** and **Scurvy**). Besides that there is nothing specific to be said about treatment.

**NIGHT-SWEATING.** Night-sweating is a sign of

\* For doses for Children, see Introduction.

debility. It is most marked in advanced cases of consumption, when the perspiration is often so copious as to drench the bed-clothes. It is very exhausting.

Great relief may be afforded by sponging the patient over at bedtime with tepid water and a little vinegar, of the strength of a tablespoonful to  $\frac{1}{2}$  pint.

**NOCTURNAL INCONTINENCE.** See **Bladder, Diseases of the.**

**NODES.** These are painful tumours which appear on the long bones or the shin-bone in the course of syphilis.

For relief, 30 grains of iodide of potash in 1 ounce of water should be taken three times a day.

**NOISES IN THE EAR AND HEAD.** Noises in the ear and head may follow on an injury, such as a fall or a blow, but they are frequently also associated with some disease of the ear.

Sometimes the noises may be due simply to a plug of wax in the meatus, when a syringing, by removing it, will cure the noise complained of. But in other cases the cause may be more deeply seated, and the noises due to perforation of the membrane, ulceration of the bones of the middle ear, or other causes, and an aurist should be consulted.

**NOSE, BLEEDING FROM THE.** See **Epistaxis.**

**NOSTRILS, DISCHARGE FROM THE.** See **Ozæna.**

**NUTMEG-LIVER.** See **Cirrhosis.**

**OBESITY** (*Corpulence*). Obesity is too well known to need much defining, and though not actually a disease itself, yet it is a source of great discomfort, and tends to shorten life. It consists in a superabundant accumulation of fat in the tissues below the skin and surrounding the principal organs. It thus not only causes inconvenience by increasing the weight and figure, but also, by impeding the vital organs, such as the heart and the lungs, in their actions, it is really a danger to health. It prevents the patient from taking sufficient healthy exercise, and is a constant source of worry and annoyance to him.

Some people put on fat more easily than others, and after the age of forty has been reached the tendency to obesity becomes more marked. There is no fixed standard to go by, and while a person is able to enjoy active life, and digest his meals, and sleep well, a little excess of fat need not trouble his mind. But when he begins to get short-breathed on exertion, without any disease of the organs, or when his figure develops that rotundity which makes stooping an act of penance, he had better take heed to his ways.

In trying to remedy his corpulence, the patient must not fly to Turkish baths and drugs, sweating and drenching himself till his health is irretrievably ruined. The desired effect is more rationally obtained by a carefully-regulated dietary, combined with exercise. It is to be remembered that liquids, sugar, and starchy foods, are the great fat-producers. The patient is, accordingly, to avoid all such articles of diet as potatoes, sugars, and farinaceous

foods in general; but there is no need to starve himself. Bacon, mutton, beef, hard-boiled eggs, and such foods, he can enjoy, with a little brown bread. For breakfast he can have tea or coffee, without milk or sugar; and for lunch and dinner he can drink a little dry sherry or claret. The great authority on obesity is the well-known Mr. Banting, who by a strict observation of a careful dietary ("Bantingism") succeeded in reducing his own weight considerably. Sufferers from corpulence cannot do better than study his letters on the subject.

**OBSTRUCTION OF THE BOWELS.** See **Bowels, Obstruction of the.**

**CEDEMA.** See **Dropsy.**

**OFFENSIVE BREATH.**

Many diseases give rise to this condition, such as gangrene of the lung and Bright's disease. In diabetes, too, the breath has a peculiar sugary odour. But putting these on one side, the commonest cause of offensive breath is decay or neglect of the teeth.

The teeth should be brushed night and morning, and, if possible, after each meal. The best dentifrice to use is a powder, and the best powder is precipitated chalk with eucalyptus oil, in the proportion of 1 drachm of the oil to 1 ounce of the powder. Tepid water should be used. If there are any signs of decay, a visit should be paid to the dentist at once.

**OLD AGE.** Though no disease, old age is attended by so

many evidences of failing nutrition as to merit notice here. All the organs and tissues tend to degenerate and shrink, and lose their vitality. The memory gets weak, the intellect dull, the eyesight dim, the digestion faulty, and the muscular power is diminished. One of the most prominent features of advancing years is the wasting of the fatty tissue beneath the skin, causing the integument to crease and fold, forming wrinkles. Another constant sign is a haziness of the cornea of the eye, owing to degeneration, and known as the *arcus senilis*. As the fat is absorbed from his tissues, the aged man cannot retain his body-heat so well as the young man. As his teeth have decayed, or been lost, the process of mastication is interfered with, and hence indigestion is the result.

The chief morals to be deduced from these facts are to keep the body warmly clothed with flannel, and to change the dietary to one which contains more milky and farinaceous foods. Again, rest is of paramount importance, and ought to be indulged in whenever there is a chance. Stimulants, too, may be more freely allowed to the aged. Wine is the milk of old age, and the feeble heart and weak digestion need a fillip, which only the cruelty of mawkish sentiment would deny.

The power of sleep is another function which fails with the old, and, indeed, they do not need it so much as the young. But if restless nights are complained of, the best thing is to take some wine-negus or whisky-toddy on going to bed.

**OPHTHALMIA** (*Granular Eyelids, Inflammation of the Conjunctiva, or Lining Mucous Membrane of the Eye, Strumous and Purulent Ophthalmia*). For the treatment of the common, or *catarrhal* form of ophthalmia, the article on **Conjunctivitis** should be consulted. Ophthalmia is apt to appear, too, in a *purulent* form. There is great swelling and excessive secretion, and the pain is intense. The eyelids are often glued together. There are two forms of this ophthalmia, one occurring in adults, and the other in newly-born children. *Strumous ophthalmia* occurs in strumous children (*see Scrofula*).

For the ophthalmia of newly-born children early measures should be taken, or blindness may result. The best thing to do is for the nurse to syringe the eyes out with a weak solution of alum (5 grains to 1 ounce of water) frequently during the day.

For the ophthalmia of adults, which is very **infectious**, the patient should be kept in a darkened room, with a shade over his eyes. The eyes should be syringed with a solution of alum (of the strength of 10 grains to 1 ounce), and a tonic, such as quinine, should be administered. In strumous ophthalmia, cod-liver oil should also be given. As the consequences of ophthalmia are often very serious, a surgeon's advice should be obtained at once.

**OPISTHOTONOS.** *See Tetanus.*

**OPTIC NERVE, INFLAMMATION OF THE.** *See Optic Neuritis.*

**OPTIC NEURITIS** (*Inflammation of the Optic Nerve*). Optic neuritis is a serious disease. It may result from tumours in the brain, from meningitis or hydrocephalus, or may be the result of injury, or debility, or over-lactation.

The symptoms are giddiness, headache, and loss of vision; but the chief signs are only to be discovered by the surgeon by means of the ophthalmoscope.

The treatment is purely for the surgeon to determine. Generous diet and a steel tonic are the chief sheet-anchors. A tablespoonful\* of 1 drachm of tincture of steel in 6 ounces of water should be taken three times a day.

**ORTHOPNŒA.** This is a variety of dyspnœa in which the patient only finds ease when he is sitting upright, and cannot lie down. *See Dyspnœa.*

**OSTEOMA.** Osteoma is a tumour consisting of bony tissue. *See Tumours.*

**OTORRHŒA** (*Discharge from the Ear*). Otorrhœa is a thin, watery discharge from the ear, caused by inflammation of the meatus. This may be due to cold, but it often follows on measles, scarlet fever, and other exhausting diseases. It is also frequently seen in teething children. The patient is feverish, and complains of pain in the ear.

A dose of Gregory's Powder should be given, and a linseed-meal poultice applied. The discharge ought to be washed away by a mild injection of alum (5 to 10 grains, in 1 ounce of tepid

\* For doses for Children, see Introduction.

water). The syringing should be continued till all discharge has ceased.

**OVERLYING OF INFANTS.** Overlying is responsible for the death of many an infant. It is an example of one of the evils that are "wrought by want of thought." The child is taken to bed with the mother, and nestles cosily by her breast. The mother falls asleep, and, turning over a little on her side, deprives her infant of air. The little one, perhaps, gives a feeble cry, unheard by the mother. The lamp of life burns feebly in children, comparatively speaking, and is soon quenched, and the child dies of suffocation. When the mother awakes, she finds her offspring dead beside her.

The treatment of all this is summed up in one word—prevention. The child should never be taken to bed along with its mother, but put to sleep in a separate cot.

**OZÆNA** (*Discharge from the Nostrils*). Ozæna consists in a purulent discharge from one or both nostrils. It is chiefly seen in scrofulous children, and caused by a low inflammation of the mucous membrane of the nostrils. There is frequently ulceration, and the bones get thickened. The discharge has a most offensive smell.

For general health, the treatment advised for **Scrofula** should be pursued, and locally, the nostrils should be syringed out twice a day with Condy's Fluid, or a solution of chloride of zinc (10 grains to 1 ounce).

**PAINTERS' COLIC.** See **Plumbism.**

**PALENESS.** See **Anæmia.**

**PALPITATION.** This term indicates disordered and irregular action of the heart. Palpitation may be the consequence of long debility, or of heart disease; but in the vast majority of cases it is a sign of indigestion and of nervous disturbance.

Rest and quiet are the great remedies for palpitation. If there is any indigestion, that must be put right, and a tablespoonful\* of the following mixture, taken about twenty minutes before meals, will often cure it: Bicarbonate of soda, 40 grains; carbonate of ammonia, 3 grains; tincture of rhubarb, 1 drachm; tincture of ginger,  $\frac{1}{2}$  drachm; peppermint water to 8 ounces. In other cases of palpitation, especially when it is due to other causes than indigestion, digitalis is the best remedy, and it may be administered in the following formula: Tincture of digitalis, 1 drachm; spirits of chloroform, 1 drachm; and water up to 6 ounces: a tablespoonful\* to be taken three or four times a day.

**PALSY.** See **Paralysis.**

**PALSY, SCRIVENERS'.** See **Writers' Cramp.**

**PALSY, SHAKING.** See **Shaking Palsy.**

**PALSY, WASTING.** See **Progressive Muscular Atrophy.**

\* For doses for Children, see *Introduction.*

**PARALYSIS** (*Hemiplegia, Paraplegia, Palsy*). By paralysis is meant the loss of the controlling power which the brain and spinal cord exert over the muscles.

**General Paralysis** of all the muscles of the body is associated only with insanity, and then the lesion is in some part of the surface of the brain.

**Hemiplegia.** In this we have one side of the body paralysed, the arm and leg, and one-half of the face, and the damage in these cases is to be found in the cerebral hemisphere of the opposite side.

**Paraplegia** denotes paralysis due to some lesion in the spinal cord, and the situation and extent of the paralysis depend on the seat of injury. Thus, if it is high up in the neck, the arm and leg will both, probably, be paralysed, and there will be some difficulty in breathing. If, on the other hand, the lesion is low down in the back or loins, the arm and upper part of the body will escape, while the leg and the viscera of the abdomen will be involved.

The treatment of paralysis is beyond the scope of a work like this, needing, as it does, the highest trained medical intelligence to be brought to bear on it. Easton's Syrup (a teaspoonful\* three times a day, in a wineglassful of water) may be taken with advantage. The electric current is often of great value; but different forms of paralysis require different currents, and each case must be treated separately. Electrical "belts," and such-like paraphernalia, are of no value at all.

**PARALYSIS AGITANS.**  
*See Shaking Palsy.*

**PARALYSIS, FACIAL.**  
*See Facial Paralysis.*

**PARALYSIS, GLOSSO-LARYNGEAL.** *See Glosso-laryngeal Paralysis.*

**PARALYSIS, INFANTILE.** *See Infantile Paralysis.*

**PARALYSIS OF THE BLADDER.** *See Bladder, Diseases of the.*

**PARALYSIS OF THE INSANE.** *See General Paralysis of the Insane.*

**PARAPLEGIA.** *See Paralysis.*

**PARASITES.** *See Crab-louse, Itch, Lice, Tapeworms, Worms, &c.*

**PARONYCHIA.** *See Whitlow.*

**PAROTITIS.** *See Mumps.*

**PAROXYSMAL HÆMATINURIA.** *See Hæmatinuria, Paroxysmal.*

**PEDICULI.** *See Lice.*

**PEDICULUS PUBIS.** *See Crab-louse.*

**PERFORATING ULCER OF THE DUODENUM.** *See Burns and Scalds.*

**PERICARDITIS, PERIOSTITIS, AND PERITONITIS.** We will briefly dismiss these affections, as they are

\* For doses for Children, see Introduction.



far too serious to be treated otherwise than under skilled advice. They are all acute inflammatory diseases, and are generally caused by exposure to cold and wet, while pericarditis is a common complication of rheumatic fever.

**Pericarditis** is inflammation of the pericardium, or bag in which the heart is situated. It is a common sequel of acute rheumatism. Its chief symptoms, beside the febrile ones, are pain over the left side and centre of the chest, and difficulty in breathing.

Rest in bed and light diet are the main indications of treatment. A mustard-leaf over the heart is also beneficial.

**Periostitis** is inflammation of the periosteum—the vascular membrane which closely invests all the bones—and is attended by great pain and tenderness over the part, followed by swelling, redness, and the symptoms of formation of an abscess.

The treatment consists in perfect rest, and the application of linseed-meal poultices.

**Peritonitis** is inflammation of the peritoneum, or delicate membrane which covers the bowels in the abdomen. Intense pain is experienced, the bowels are costive, and vomiting may ensue. Peritonitis has carefully to be distinguished from colic, in which there is also pain in the bowels, but no inflammation. In colic, too, the pain is *relieved* on pressure being applied to the painful part, while in peritonitis any attempt at pressure *aggravates* the pain. The attitude, also, of the patient is often diagnostic; for in colic he lies on his face or his side, huddled up, and pressing something against the stomach;

while in peritonitis he lies on his back, with his legs slightly drawn up, and a peculiar, anxious look on his face.

The treatment of peritonitis is to apply hot fomentations and linseed-meal poultices to the abdomen. Purgatives must be avoided. Pain is to be relieved by giving 5 drops of laudanum, in a teaspoonful of water, every hour.

**PERITYPHLITIS.** *See Typhlitis and Perityphlitis.*

**PERTUSSIS.** *See Whooping-cough.*

**PETECHIÆ** (*Vibices*). Petechiæ—so called from their supposed resemblance to flea-bites—are very minute extravasations of blood under the skin. The term is merely a descriptive one, and the petechiæ themselves are always associated with some disease.

**PHAGADÆNA.** This is the name given to an ulcer attended with great fever and an excessive tendency to sloughing.

The best remedies to apply are mild, astringent lotions, as zinc sulphate, of the strength of 1 grain to 1 ounce of water; or soothing ointments, such as one containing  $\frac{1}{2}$  drachm of creosote and 30 grains of bismuth subnitrate to 1 ounce of vaseline.

**PHLEBITIS** (*Inflammation of the Veins*). Phlebitis is an extremely rare affection. It consists in inflammation of the veins, and this is, in nearly all cases, the result of some other disease. Thus, it may come on from a wound, or it may be the result of a varicose

condition of the veins (see **Vari-cose Veins**). But in the majority of cases it is the consequence of the presence of putrid or poisonous matter circulating in the system (see **Pyæmia**).

The symptoms are those of ordinary inflammation—namely, pain, swelling—and, if unchecked, the formation of abscesses. The treatment consists in complete rest, and the application of cold-water fomentations. If any wound exists, it should be treated in the manner described under **Wounds**. If abscesses form, their treatment may be seen under the heading **Abscess**.

**PHLEGMONOUS ENTERITIS.** See **Enteritis**.

**PHOSPHORUS POISONING.** See **Lucifer-match-makers' Disease**.

**PHTHIRIASIS.** See **Lice**.

**PHTHISIS PULMONALIS.** See **Consumption**.

**PIGEON-BREAST.** This is a deformity of the chest which often occurs in rickety children after any disease, such as whooping-cough, in which a great strain has been laid on the lungs. The sides of the chest are flattened, while the breast-bone projects in front like the keel of a boat. It is incurable.

**PILES.** See **Hæmorrhoids**.

**PIMPLES.** See **Acne**.

**PITYRIASIS** (*Dandriff, Liver-spots, Scurf*). Pityriasis is a scaly skin disease closely allied to psoriasis. There is very

little thickening of the skin, and the scales come away in little dry flakes.

When pityriasis occurs on the scalp of the head it gives rise to dandriff. In this latter condition frequent wetting of the head should be avoided, and a little olive oil or lanoline rubbed well into the roots of the hair every morning. For pityriasis occurring in other parts little can be done except to try and keep the skin moist by applications of vaseline or lanoline.

**PLAGUE.** This is an **infectious** disease, presenting symptoms very like those of typhus fever. It is endemic in Egypt and Asia, and **epidemics** of it have occurred at various times in other countries. It is most commonly met with among the poor, and those suffering from want.

The symptoms, like those of all the fevers, begin with feverishness, and there is a marked prostration. The bowels are loose, and the tongue is black. The most characteristic symptom of plague is the appearance of glandular swellings in the armpit and groins, which may suppurate. Carbuncles are also apt to form, especially on the extremities. Patients may die from plague within twenty-four hours, or after three to four days.

The treatment is the same as recommended for **Typhus Fever**. If the glands suppurate, they must be poulticed, and treated as described under **Abscess**.

**PLEURISY.** This term refers to an inflammatory affection of the pleura, a serous membrane which lines the inside of the chest and covers the lung. Pleurisy is

usually caused by catching cold. One or both sides may be affected, and thus we have *single* or *double* pleurisy. It is very often associated with pneumonia.

The chief symptoms of pleurisy are feverishness, a dry, hacking cough, and pain referred to the side. The pain is increased on coughing or drawing a long breath, and hence there is considerable difficulty in breathing. There are other signs, to be detected only by a medical man examining the chest with a stethoscope. After two or three days the inflammation is accompanied by an effusion of serum between the two layers of the pleura, thus constituting "*pleurisy with effusion.*" This effused serum may in a few days be absorbed, or it may break down into pus, or matter, causing a very grave condition, known as **Empyema**.

In young and strong subjects pleurisy, as a rule, tends to convalescence in the course of a week or ten days. When it occurs in old and feeble people, or follows on debilitating diseases, as scarlet fever, the prospect of recovery is more doubtful. When pus forms, as evidenced by the occurrence of shivering fits, and other signs, the condition of the patient is one to give rise to great anxiety.

From the foregoing sketch, it will be seen that in a case of pleurisy the assistance of a medical man should at once be sought. If, from any reason, medical advice cannot be obtained at once, a mustard poultice should be put over the affected side, and a large flannel roller bound round the chest; while a tablespoonful\* of a mixture of 1 drachm of ipecacu-

anha wine, 1 drachm each of nitre and of solution of acetate of ammonia, with  $\frac{1}{2}$  drachm of laudanum, in 4 ounces of water, should be taken every four hours.

**PLEURODYNIA** (*Pain in the Side, Stitch*). Pleurodynia may be due to commencing pleurisy, or in other cases be simply muscular.

Stimulatory friction with harts-horn and oil, with the application of a flannel bandage round the chest, will often relieve pleurodynia. If it fail, we must suspect pleurisy, or some other cause, and further treatment will be necessary.

**PLEURO-PNEUMONIA.**  
See **Pneumonia**.

**PLUMBERS' GOUT.** See **Plumbism**.

**PLUMBISM** (*Blue Gum, Chronic Lead Colic, Lead Poisoning, Painters' Colic, Plumbers' Gout*). This condition is apt to arise in those who work among lead, and are subject to its influence. Pallor and anæmia are the earliest signs. A blue line is apt to form on the upper gums, just above the teeth. Albuminuria is often present; but the most characteristic symptoms of lead poisoning are colic and dropped wrist. The colic is severe, and the pain referred to the pit of the stomach. Vomiting sometimes comes on, and constipation is present. The *dropping of the wrist* is due to paralysis of the extensor muscles of the fore-arm. The hand attacked is generally the right.

The first thing to be done is to

\* For doses for Children, see Introduction.

remove the patient from all risk of further contamination with the poison. Baths of sulphur have been recommended, but they do little good. Iodide of potash has also its advocates, and may be given a trial, combined with sulphate of magnesia: Iodide of potash, 2 drachms; sulphate of magnesia,  $\frac{1}{2}$  ounce; spirits of chloroform, 1 drachm; and water to 8 ounces; an eighth part to be taken three times a day. For the pain of the colic, warm poultices should be applied, and a powder given, containing 10 grains of calomel and 2 grains of powdered opium. Electricity is necessary for the treatment of the *dropped wrist*, and that should be left to a medical man to employ.

**PNEUMONIA** (*Broncho-pneumonia, Inflammation of the Lungs, Pleuro-pneumonia*). This is a most serious disease, requiring skilled experience both to recognise and to treat; but the following brief outline of it may be given here.

Pneumonia is generally the result of exposure to cold or damp; but in other cases it follows on long, weakening illnesses, such as typhoid fever. It is most dangerous to the young and the old. It is often associated with bronchitis and pleurisy, and thus we have *broncho-pneumonia* and *pleuro-pneumonia* respectively.

The most prominent symptoms of pneumonia are the occurrence of rigors after a chill, a pain in the back of the chest, great difficulty in breathing, and a cough which, though at first dry, is soon attended with the expectoration of a characteristic mucus. This expectoration is of a thick,

tenacious character, and being tinged with blood it acquires a colour as if it were stained with prune juice, hence it is technically known as the *rusty sputum* of pneumonia. With all these symptoms we have also high fever, and delirium is frequently present. An eruption of pimples also often appears about the lips.

Pneumonia attacks the right lung oftener than the left, but sometimes both lungs are affected, causing double pneumonia—an affection of great danger.

In the absence of a medical man, the patient ought to be confined to bed, and linseed-meal and mustard poultices applied to the chest, back and front, and changed frequently. The temperature of the room should be kept at 62deg. Fahr. The following mixture should be given, in tablespoonful doses,\* every four hours: Ipecacuanha wine, 1 drachm; carbonate of ammonia, 8 grains; tincture of senega, 2 drachms; sweet spirits of nitre, 1 drachm; and infusion of senega to 4 ounces. The diet should be plenty of beef-tea and strong soups, and stimulants may, as a rule, be administered freely.

**PNEUMO-THORAX** is the accumulation of air within the pleura. This may be due to a wound through the external thoracic wall, but in most cases it follows on **Empyema** (which see), or is caused by the bursting of an abscess of the lung into the pleura, or of an hydatid tumour of the liver (see **Hydatids**).

The symptoms are sudden pain and dyspnoea, and other physical signs are revealed by auscultation.

\* For doses for Children, see Introduction.

The treatment in the main is that of empyema, and must be left to the medical man.

**POISONS** are substances which, when introduced into the human system, set up inflammatory or other deleterious actions, and in large doses, or by prolonged use, destroy life. We shall deal here only with acute poisoning, which is usually the result of accidentally swallowing some poisonous substance.

Poisons are to be found in the Animal, Vegetable, and Mineral Kingdoms. Spanish fly, or cantharides, is an example of an animal poison; opium, belladonna, and strychnine, or nux vomica, are vegetable poisons; and mineral poisons are found in copper, arsenic, mercury, the strong acids, and alkalis. Poisons are divided into two great classes—the *irritant* and the *narcotic*—according to the chief symptoms to which they give rise. The mineral poisons, generally speaking, are irritant, while the vegetable ones are narcotic.

The chief effects of all *irritant poisons* are burning pains experienced all along the alimentary canal, vomiting, depression, and, unless relief is speedily obtained, mortification and death.

The *narcotic poisons* act chiefly on the nervous system, and their effects are of a sedative and stupefying nature. Opium is the chief narcotic poison, and when an overdose of it has been taken the patient gradually sinks into a state of lethargy and coma, which terminates in death. In opium-poisoning the pupils become very much contracted. Other vegetable

poisons, as strychnine, show their chief effects through the spinal column, as evidenced by spasmodic contractions of the muscles, producing a condition known as **Tetanus** (which *see*).

In cases of poisoning we have first to get rid of the poison from the system, if possible, and then to counteract its effects. The former end is effected by administering an emetic. A tablespoonful\* of mustard in a teacupful of warm water, or  $\frac{1}{2}$  ounce\* of ipecacuanha wine in 1 ounce of water, will serve for this purpose.

To counteract the effects of a poison an *antidote* is given. An antidote is a substance with opposite properties to the poison, or one which, by combining chemically with it, produces a third substance which is harmless. Acids and alkalis are opposites, and thus, in poisoning by one of the strong mineral acids, we would give lime-water or magnesia. Again, in acute irritant poisoning, it is useful to administer plenty of bland liquids, such as milk, oil, or barley-water, to try and coat the walls of the stomach, and prevent their being acted on by the irritant. In cases of narcotic poison, as by opium, we have to give strong stimulants, such as coffee, frequently; and our great object is to prevent the patient from sinking into a fatal lethargy: this is done by constantly rousing him, keeping him awake, and walking him about. In cases of strychnine-poisoning, the muscular convulsions are allayed by doses of chloral, or the inhalation of chloroform; but this should only be administered by a medical man.

\* For doses for Children, see Introduction.

Appended is a short list of the principal poisons and their antidotes.

POISON.	ANTIDOTE AND TREATMENT.
<b>Alkalies</b> ( <i>caustic potash, soda, lime, and quicklime</i> ).	Vinegar, dilute acids, lemon-juice, oil, and barley-water.
<b>Antimony</b> ( <i>butter of antimony, tartar-emetic</i> ).	Same as for <b>Arsenic</b> (which see); in addition, strong tea and coffee, or ounce-doses of decoction of cinchona, or 20 grains of tannic acid in a table-spoonful of water.
<b>Arsenic</b> ( <i>arsenious acid or white arsenic, Scheele's green, orpiment; on fly-papers and green wall-papers</i> ).	Magnesia, peroxide of iron (freshly-prepared by adding to $\frac{1}{2}$ ounce of carbonate of soda 1 ounce of tincture of steel, and filtering), or ounce-doses of dialysed iron.
<b>Belladonna</b> ( <i>deadly nightshade, atropine; contained in many liniments</i> ).	Emetics of zinc sulphate, brandy in table-spoonful-doses, strong tea and coffee. Artificial respiration.
<b>Carbolic Acid</b>	Emetics of zinc or mustard, $\frac{1}{2}$ -ounce doses of sulphate of magnesia (Epsom salts) in a tumblerful of warm water, barley-water, oil.
<b>Lead</b> ( <i>sugar of lead, acetate of lead</i> ).	Epsom salts (as for <b>Carbolic Acid</b> ), oil, &c.
<b>Mercury</b> ( <i>corrosive sublimate, white precipitate, quicksilver</i> ).	Whites of eggs, or flour-and-water, freely; emetics, oil, &c.
<b>Mineral Acids</b> ( <i>hydrochloric [muriatic, or spirits of salt]; nitric, or aquafortis; sulphuric, or oil of vitriol; nitro-muriatic, or aqua regia</i> ).	Chalk, lime-water, magnesia, carbonate of soda, with large quantities of milk; eggs beaten up with barley-water.
<b>Nitrate of Silver</b> ( <i>lunar caustic</i> ).	Common salt.
<b>Opium</b> ( <i>laudanum, morphia chlorodyne</i> ).	Sulphate of zinc emetic, strong tea and coffee. Prevent stupor by keeping patient moving about.
<b>Oxalic Acid</b> ( <i>salts of sorrel</i> ).	Chalk, whiting, lime-water, whitening scraped from ceiling. NOT soda, potash, or ammonia.

POISON.	ANTIDOTE AND TREATMENT.
<b>Phosphorus</b> ( <i>beetle-paste, rat-paste, heads of lucifer matches</i> ).	Emetics of zinc or mustard, gum-mucilage, magnesia in barley-water. NEVER oil, unless French oil of turpentine, in 30-drop doses.
<b>Poisonous Foods</b> ( <i>shell-fish, mushrooms</i> ).	Emetics of zinc and mustard, castor oil.
<b>Prussic Acid</b> ( <i>hydrocyanic acid, Scheele's acid, cyanides of potassium, largely used by photographers</i> ).	Cold water, ammonia, brandy, smelling-salts. Artificial respiration.
<b>Strychnine</b> ( <i>vermin-powders, beetle-paste</i> ).	30 grains of bromide of potash and 10 grains of chloral, in two table-spoonfuls of water, every half-hour. Inhaling nitrate of amyl.

**POLYPUS.** A polypus is a tumour attached to the skin or mucous membrane by a pedicel, or stalk, as distinguished from a sessile tumour, which has no such pedicel. Polypi generally are situate in the internal organs, such as the uterus or nasal cavities. See **Tumours**.

**POLYURIA.** See **Diabetes insipidus**.

**PORRIGO FAVOSA.** See **Favus**.

**PORRIGO SCUTATA.** See **Ringworm**.

**PORT-WINE STAIN.** See **NÆVUS**.

**POTTS' CURVATURE.** See **Angular Curvature**.

**PRESBYOPIA** (*Long-sightedness, Weak Sight*). Presbyopia is one of the consequences

of advancing years. In this condition the patient, while he continues to see distant objects as well as ever, finds he cannot see near ones—as, for instance, the paper he reads—as well as before. Its onset is insidious.

The treatment is to wear proper glasses, and, as in the case of myopia, he ought to go to an oculist for them.

**PROGRESSIVE LOCOMOTOR ATAXY.** *See Locomotor Ataxy, Progressive.*

**PROGRESSIVE MUSCULAR ATROPHY** (*Wasting Palsy*).—This disease is generally met with in males between twenty-five and forty years of age. It begins with a loss of strength in the muscles of the shoulder, and is accompanied with a gradual wasting or atrophy of the muscles of the whole body.

The treatment consists in the administration of tonics, especially strychnine, and the following is a suitable formula: Sulphate of quinine, 8 grains; dilute nitromuriatic acid, 1 drachm; solution of strychnine, 40 minims; water up to 8 ounces: take two table-spoonfuls three times a day. Electricity (to be applied under the surgeon's directions) is also of advantage.

**PROLAPSE OF THE BOWEL.** *See Falling-down of the Bowel.*

**PROLAPSE OF THE UTERUS.** The womb sometimes "falls down" after a confinement, or from weakness. The parts should be replaced, carefully bathed with tepid water,

and a supporting-bandage applied.

**PROUD FLESH.** *See Abscess.*

**PRURIGO.** *See Lice.*

**PRURITUS.** *See Lice.*

**PSOAS ABSCESS.** *See Lumbar Abscess and Psoas Abscess.*

**PSORIASIS** (*Lepra*). Psoriasis is a chronic skin affection of a scaly character, chiefly affecting the elbows and knees, and sometimes the scalp. The skin gets much thickened; the general health does not suffer very much.

Psoriasis is a very obstinate disease, and often defies all treatment. Treatment ought to be both internal and local. The patient should be put on a course of arsenic, as follows: Fowler's Solution, 1 drachm; compound infusion of gentian, to 6 ounces: a tablespoonful to be taken three times a day, after meals. The mixture should not be given to children, who should be treated with cod-liver oil and steel-wine. The mixture should be stopped as soon as any soreness of the eyes or throat begins to be felt. Cod-liver oil is also a valuable adjunct. Locally, the scales should be softened and loosened by poultices, and then tar ointment—or, if the tar fail, zinc ointment—should be applied. Chrysophanic acid ointment is also sometimes beneficial.

**PTOSIS.** Ptosis is a drooping or falling of the upper eyelid over the eye, so as to completely or only partially cover the eye.

It may be due to an injury of the small elevating muscle of the eyelid, or to paralysis of the nerve which supplies it. This paralysis, again, may be due to rheumatism or syphilis, or to disease in the brain.

For rheumatic cases, iodide of potassium may be tried—10 grains, in 1 ounce of water, three times a day. Faradisation (which is a form of electricity), is useful in other cases. When these fail, and in all cases when the ptosis is caused by injury, recourse must be had to operation.

**PTYALISM.** See **Salivation.**

**PURPURA** (*Land Scurvy*). This disease is chiefly met with in children, and its causation is unknown, though it appears to be connected in some way with rheumatism. It is characterised by the appearance of circular patches of extravasated blood under the skin, chiefly on the trunk and legs, but not confined to these parts. These spots undergo the changes in colour which any bruise shows. There is also a tendency for the mucous surfaces to bleed, and thus we may have bleeding from the gums, the nose, or the bowels. Anæmia sets in in prolonged cases.

The best treatment is by perchloride of iron, which may be given simply in water: Tincture of perchloride of iron, 2 drachms; water to 6 ounces: a tablespoonful three times a day.

**PURULENT OPHTHALMIA.** See **Ophthalmia.**

**PUSTULAR OPHTHALMIA.** See **Ophthalmia (Purulent).**

**PUSTULE, MALIGNANT.** See **Malignant Pustule.**

**PUSTULES.** These are accumulations of pus below the skin, and may be of various sizes. They are indicative of different skin diseases.

**PUTRID SORE THROAT.** See **Diphtheria.**

**PYÆMIA** (*Septicæmia, Surgical Fever*). Pyæmia is a form of blood-poisoning. It is very **infectious**, and is often the result of dirt and unsanitary conditions. Hence it used to be common in hospitals, both general and lying-in, but is now nearly banished, thanks to the anti-septic treatment. It may also result from wounds, burns, and injuries.

The symptoms are those of continued fever, with great prostration. Abscesses form in the lungs and other organs from embolism. Delirium, coma, and convulsions supervene, and the patient may sink from the fourth to the tenth day, though he may survive to the second week, and sink of exhaustion.

The attendance of a medical practitioner is absolutely necessary in any case of septicæmia. The general treatment is to observe strict cleanliness, and to maintain the patient's strength as much as possible.

**PYREXIA.** Pyrexia means fever, or feverishness, and so the article on **Fever** should be consulted.

**PYROSIS.** See **Indigestion.**



**PYTHOGENIC FEVER.**  
See **Enteric Fever.**

**QUARTAN AGUE.** See **Ague.**

**QUINSY** (*Acute Tonsillitis, Cynanche, Inflammation of the Tonsils*). Quinsy consists in an acute inflammation of one or both tonsils. It is generally caused by cold, and is ushered in by symptoms of general febrile disturbance. Pain is felt at the back of the throat, especially on swallowing. The swollen tonsils can be seen on looking into the throat, and can often be felt outside the jaw. Quinsy is not at all a dangerous affection, and recovery generally takes place within three or four days. In some cases the inflammation goes on to suppuration, and an abscess forms, which finally bursts, and relief is immediately experienced.

The treatment of quinsy is to keep the patient in a warm room, and apply poultices or hot fomentations to the throat. Sucking ice gives great relief. Gargles are also beneficial, and a very good one is made by dissolving  $\frac{1}{2}$  drachm of alum in 6 ounces of water. The following mixture should be administered: Chlorate of potash, 1 drachm; solution of acetate of ammonia,  $\frac{1}{2}$  ounce; water to 6 ounces: a tablespoonful\* every four hours. The diet should be light and nourishing. After convalescence tonics are useful.

**QUOTIDIAN AGUE.** See **Ague.**

**RABIES** (*Hydrophobia*). Rabies is a disease of dogs and other animals, which spreads among them by **inoculation**, and is liable to be communicated to man in the same way. The virus, or poison, resides in the saliva and secretions of the mouth, as well as in other parts, and the ordinary way in which the human species is attacked by hydrophobia is by being bitten by a rabid dog. It is to be noted that a bite from a non-rabid dog will not start hydrophobia; and it may be worth while here to say, that the popular superstition that a bite from a dog which goes mad some time afterwards may start hydrophobia, is incorrect; of course, if the disease develop in the animal within a limited period—say a week—after the bite, hydrophobia may result, for the dog may have had the disease in the latent stage. One practical rule to be deduced from this is, that it is not well to kill a dog immediately it has bitten anyone, unless it shows distinct signs of rabies. It is also to be remembered that it is not everyone who is bitten by a rabid dog who develops hydrophobia. This is explained by the fact that the poison is left on the clothes through which the bite has been made.

There are no immediate symptoms after hydrophobia has been introduced into the system. The local injury presents no different signs from an ordinary wound. But after a longer or shorter interval, ranging from a few days to three or four months (the average duration being six weeks, though in some rare cases it has

\* For doses for Children, see Introduction.

been prolonged to two years), the patient begins to show some signs of illness; these are not very well marked, and consist chiefly in a strangeness of manner, listlessness, and a tendency to random speech at intervals. This has been called the *melancholic* stage. It is succeeded by the stage of *excitement*, in which the characteristic phenomena of rabies appear: They are a restlessness of manner, and an excited look about the eyes, with dilated pupils. The patient is irritable, and the random talk is more marked, though he is quite capable of rational and coherent speech. There is dryness of the throat, and intense thirst, and a thick saliva is secreted, which the patient expectorates with a loud noise, which imagination has likened to a dog's bark. Associated with this thirst are the peculiar symptoms so characteristic of rabies, observed when water or liquids are offered to the patient to drink. These consist of convulsive, spasmodic actions of the muscles of deglutition and respiration, which prevent his swallowing any liquid. In the highly excited state of the nervous centres the very noise of anything like water, or even the suggestion of it to the idea, will start these spasms. After a time debility appears, delirium sets in, and the patient dies of exhaustion.

There is no drug which has any power over the course of rabies once developed. When a person has been bitten by a rabid dog, the thing to do is *immediately* to try and destroy the virus, and prevent its ingress into the system. This is effected by thorough cauterisation of the

wound. Nitrate of silver and carbolic acid are the two caustics usually employed, but if they are not at hand, the actual cautery should be used. This can be done by heating a darning-needle in a gas-jet till red hot, and then applying it; or a burning fusee may be used. In addition to cauterisation, a tight ligature should be bound round the limb, above the wound. Further, the system of *inoculation*, as introduced by the great French chemist, Pasteur, should be had resort to; and we would advise everyone who has the misfortune to be bitten by a rabid dog to go, if possible, to Paris immediately, and place himself under Pasteur's hands. If, unfortunately, the disease develop itself, there is nothing to be done except to mitigate the patient's sufferings as much as possible till death ends the scene.

### **RAILWAY INJURIES.**

Railway injuries may present themselves in all forms, but the characteristic mark is the persistence of nervous shock for a longer or shorter time after receiving them, which may more or less incapacitate the patient from following his occupation.

This is too wide a subject to enter into here. The general line of treatment is to improve the patient's health as much as possible by tonics and fresh air.

**RAMOLLISSEMENT.** See **Brain, Softening of the.**

**RANULA.** A ranula is a little cystic tumour, containing a whitish fluid, which grows under

the tongue. The treatment is to excise it.

### **RAVING MADNESS.**

Raving madness is only a form of insanity in which violent delirium is present. For further details, consult the article on **Insanity**.

### **RECURRENT TUMOURS.**

Recurrent tumours are those tumours which are apt to return after being removed. The most prominent varieties are cancers and sarcomas.

### **RED GUM** (*Tooth-Rash*).

This is a form of skin rash which appears in vesicles on an inflamed part, in teething children. It is not serious, and generally passes away of itself.

If the eruption show marked signs of irritation, it may be dusted over with a little oxide of zinc.

### **RED SKIN.** See **Erythema**.

### **REDUCIBLE HERNIA.**

See **Hernia**.

### **REDUCTION OF DISLOCATIONS.** See **Dislocations**.

### **RELAPSING FEVER**

(*Seven-day Fever*). This is a specific **infectious** fever closely allied to typhus, and dependent on starvation and overcrowding. It attacks young people chiefly.

There are no premonitory symptoms of relapsing fever, and the patient is suddenly seized with intense headache and feverishness; the bowels are constipated, and the tongue furred. On the second day the liver and spleen become enlarged. This state of

things continues for five or six days, but generally on the seventh a crisis occurs, all the symptoms become allayed, and the patient is better, but feels weak. In about a week, however, a relapse occurs, and the same round of symptoms is gone through. Three or four relapses may occur. The disease is seldom fatal, but the patient is weak and anæmic for some time.

As in other fevers, the treatment of relapsing fever consists in rest and low diet. The best medicine to give is phosphoric acid, as in the following mixture: Dilute phosphoric acid, 2 drachms; syrup, 1 ounce; and water up to 6 ounces; a tablespoonful\* every four hours. If there are any signs of sinking or collapse, brandy or sal volatile should be administered, in teaspoonful doses diluted with two tablespoonfuls of water, every quarter of an hour, till the symptoms abate. During convalescence, tonics, especially steel-wine, are indicated.

### **RELAXED SORE THROAT.**

Relaxed sore throat is a form of sore throat apt to attack public speakers, and those who use the voice much. For treatment, see **Sore Throat**. It may be mentioned here, however, that great relief is often experienced from using "Voice" Tabloids prepared by Messrs. Burroughs & Wellcome.

### **REMITTENT FEVER.**

See **Ague**.

### **REMITTENT FEVER, INFANTILE.** See **Enteric Fever**.

\* For doses for Children, see *Introduction*.

**RENAL DROPSY.** See Dropsy.

**RESUSCITATION.** See Suspended Animation.

**RETENTION OF URINE.** See Urine, Retention of.

**RHEUMATIC FEVER.** See Rheumatism.

**RHEUMATIC GOUT.** See Gout.

**RHEUMATISM, RHEUMATIC FEVER.** Rheumatism is a peculiar inflammatory condition of the muscles and fibrous structures, especially those of the joints, having a tendency to move about, or shift from part to part. It is, no doubt, hereditary. The exciting causes are cold and wet, and, of the two, exposure to damp is the most potent. Rheumatism is very common in its chronic form, especially in elderly people. There is little to be said about its treatment, except that those who are subject to it should avoid all exposure, and wear flannel next the skin. Malt liquors are to be avoided, with sugar, pickles, and other indigestible foods. 1 grain of Salicin may be taken twice a day.

**Rheumatoid Arthritis** is a painful enlargement of the joints. The joints usually affected are the shoulders, hips, and knuckles. Stiffness and immobility are the results. The parts should be kept warmly clad, and friction with opodeldoc used. But the affection is very intractable.

**Rheumatic Fever, or Acute Rheumatism,** usually follows on

some direct chill, such as getting "wet through." It is ushered in by rigors and elevation of temperature, and the chief signs of it are the presence of pain and swelling in one or more of the larger joints. The joints principally attacked are the knees, ankles, wrists, and elbows, though others may also be the subjects of the disease. Rheumatic fever generally exists in one or two joints at a time, and shifts from one to the other. Accompanying the pain and swelling is a profuse, characteristic, sour-smelling perspiration. The bowels are usually confined, and the water is high-coloured and deposits a sediment.

Rheumatic fever may last for two or three days only, or may extend to a course of some weeks. The chief dangers in it arise from its complications: they are bronchitis, pneumonia, and pleurisy. But the principal sequels of rheumatic fever are those conditions involving the heart. The heart itself, or the pericardium surrounding the heart, may become the seat of fibrous inflammations, as evidenced by pain in the chest and difficulty of breathing. These heart-lesions may remain for a considerable period after the patient is better.

It remains to say, that people who are debilitated by some previous illness, such as scarlatina, are much more liable to be attacked by rheumatism than people in good health.

When a patient has rheumatic fever he ought to be placed in bed in a warm room, and the affected joints covered over with cotton-wool. His diet must be restricted to milk and broth, and stimulants are to be absolutely forbidden.

Salicin and the salicylates are the drugs chiefly used now in the treatment of acute rheumatism: Salicylate of soda, 2 drachms; water, 6 ounces: two tablespoonfuls\* to be taken every four hours. Any complications that arise must of course be treated according to their nature. After convalescence, tonics, especially steel, should be given.

**RHEUMATOID ARTHRITIS.** *See Rheumatism.*

**RIBS, FRACTURED.** *See Fractures.*

**RICKETS.** This is a disease of early childhood terribly rife among the poor. It is usually due to improper feeding. For the first six months at least of an infant's life it should be fed from the maternal breast alone, or, if that cannot be managed, on properly diluted and sweetened cows'-milk. But instead of that, it is often given all sorts of messes and patent foods, which are simply so much trash, and the child, not being able to digest them, really suffers from starvation. Bad ventilation and overcrowding have, no doubt, also a great influence in producing rickets.

The characteristic defect in rickets is a deficiency of earthy matter in the bones, which thus become softer and more brittle than natural, and deformities of the skeleton result. There are three great features noticed in rickety children: First, such children are subject to fits of profuse perspiration, especially at the top of the head, which, as a rule, come on at night. Secondly, rickety patients

have a habit of kicking off the bedclothes at night. Thirdly, there is great tenderness of the muscles and bones. Rickety children never kick about and scream with delight, as healthy children do. Marked changes take place in the bones. The little open spot at the front of the brain does not close up as early as it should; the ends of the long bones are enlarged, and clumsy joints are formed, especially at the ankles and wrists. The chest becomes contracted and deformed, causing the deformity known as **Pigeon-breast** (which *see*); bandy legs and knock-knees are other common consequences of rickets. The livers and spleens of rickety children are also apt to become enlarged, making the stomach swell out, and become tense and hard.

The treatment of rickets consists in feeding the child properly. At first it should have nothing but milk, but as it attains the age of eight or nine months, and gets its teeth, other articles can be added to its diet. During its second year oatmeal should be given to it. The child, too, should live in the fresh air as much as possible, and the country or seaside is preferable to the crowded town. In cod-liver oil and steel we have two remedies which are of the greatest service to rickety children. The cod-liver oil should be commenced as early as possible. In babies below nine months, it may be rubbed in under the armpits night and morning; after that age they can take it by the mouth. At eighteen months of age they can begin steel-wine. Small doses are all that are necessary—

\* For doses for Children, see Introduction.

a teaspoonful of the wine in a little water. For the treatment of rickety deformities the advice of a surgeon is necessary.

**RINGWORM** (*Porriago scutata*, *Tinea tonsurans*). Ringworm is caused by the presence of a fungus which attacks the skin, the hair, and, in rare cases, the nails. When it comes on the skin it appears at first in the form of a small, red patch; this goes on enlarging, and becomes circular in form. Then the centre loses its red hue, while the circumference preserves it, and also sometimes some vesicles appear there. When the hair is attacked, the redness and circular form are not so apparent; but there are well-marked patches, and the hairs present a broken, stubbly appearance. Ringworm, as is well-known, is very **contagious**.

The treatment consists in employing some local parasiticide. Sulphurous acid is often used for this purpose, and it is applied by soaking two folds of lint in it, laying them over the patch, and then placing a piece of oil-skin over all, to prevent evaporation; or ointment of tar or of creasote (both obtainable at any chemist's) may be rubbed in. When the disease attacks the head, it is essential that all broken hairs should be daily pulled out with a pair of tweezers, the head washed with carbolic soap, and the ointment rubbed in after that. The disease demands careful attention, and whenever possible a surgeon should be consulted.

**RODENT ULCER.** See **Lupus**.

**ROSEOLA** (*Rose-Rash*, *Simple Erythema*). Roseola consists in a uniform redness of the skin, which easily fades on pressure. It may be due to the action of the sun, or to great heat acting for an insufficient time to produce an actual burn. In other cases it may be caused by some irritation, such as the chafing of the groins by clothes or dirt in infants. Again, as in the flushing of the face due to indigestion, it may arise from dyspepsia.

The treatment consists in first attending to the cause. Locally, some glycerine may be applied, or a little oxide of zinc may be dusted over the parts.

**ROSEOLA EPIDEMICA**  
See **Measles**, German.

**ROSE-RASH.** See **Roseola**.

**ROUND WORMS.** See **Worms**.

**RUBEOLA.** See **Measles**.

**RUNNING SCALL.** See **Eczema**.

**RUPTURE.** See **Hernia**.

**RUSSIAN INFLUENZA** (*Acute Epidemic Catarrh*). Russian influenza is an **epidemic** disease. It is no more Russian than it is Japanese; but, like cholera, as it always spreads from East to West, it has always been noticed first in Russia by Europeans. Its marked features are suddenness of onset, universal seizure of victims, extreme prostration, and rapid departure. Its causation is at present unknown. From its behaviour it is most similar to a specific fever, and is in all

probability due to a germ. From this it would follow that it is **contagious**; but it is only right to say, that perhaps the majority of medical men refuse to recognise its contagiousness, and look for its cause rather in atmospheric conditions.

The symptoms consist in the rapid appearance of chilliness and shivering. The shivering never develops into a rigor. Within a few hours the patient begins to feel prostrate, and complains of a pain in the small of the back. Pains are also felt about the shoulders and along the limbs. The temperature rises to 103 deg. Fahr. At the same time headache may be felt, the eyes water, the nose runs, and the patient is affected with violent sneezing. The stomach also suffers, and sickness or retching appears. The bowels may be constipated, or a slight bilious diarrhœa may supervene. This state of things lasts for two days. On the third day the febrile symptoms abate, and about the fifth the patient is well again. Unless he take care, however, for a little longer time, he may experience a relapse.

People who are delicate and subject to bronchial or pulmonary troubles may also experience cough, bronchitis, or inflammation of the lungs. The former sketch, however, is typical of an ordinary uncomplicated attack of influenza.

The first part of the treatment consists in trying to avoid the complaint. All that can be said on this point is to try and keep the system in as perfect a state of health as possible by a

nutritious diet and abundance of exercise in the open air. As soon as any symptoms of influenza develop, the patient should take to his bed and remain there till he is cured. For the first two days his diet should consist of soda and milk. On the third day a little beef-tea may be added, and a more liberal diet allowed as he gets convalescent.

For medicinal treatment, 5 to 10 grains\* of Dover's Powder should be taken the first night. If the "cold in the head" symptoms are severe, two tabloids of Antipyrine (Burroughs & Wellcome) should also be taken. The inhalation of menthol is a capital preventive, and by some is even thought to be a specific. Menthol can be used by dissolving a couple of teaspoonfuls of the crystals in 6 ounces of boiling water, and inhaling the steam. An ingenious little pocket inhaler (Cushway's by name) is made by Christy, of Lime Street, for the inhalation of menthol. The inhalation of periol is also advantageous in some cases; Burroughs & Wellcome make a neat little inhaler for the use of this drug. Should these substances not be obtainable, 1 drachm of the liniment of iodine, and  $\frac{1}{2}$  ounce of the tincture of the same substance, should be mixed with 1 pint of boiling water, and the steam therefrom inhaled for a quarter of an hour. The same treatment should be persevered in for three or four days. When convalescence is established, 1 teaspoonful of Fellowes' Syrup of Hypophosphites must be taken three times a day. In the case of children, the same dose of Parrish's

\* For doses for Children, see Introduction.

Chemical Food is an excellent substitute.

**ST. ANTHONY'S FIRE.**  
See **Erysipelas.**

**ST. VITUS' DANCE.** See  
**Chorea.**

**SALIVATION** (*Ptyalism*).  
Salivation consists in an excessive secretion of saliva from the salivary glands in the mouth. This becomes of a disagreeable odour, and may cause ulceration of the gums and loosen the teeth. It may occur independently in people of weak health when exposed to cold, but it is generally caused by the presence of mercury in the system. This may be from people working where they are exposed to the action of mercury; but in many cases it is due to taking that mineral as a medicine.

Iodide of potash has the effect of eliminating mercury from the system, and therefore the patient should at once be put on a course of it, as follows: Iodide of potash, 2 drachms; syrup, 1 ounce; and infusion of quassia to 8 ounces: an eighth part\* to be taken three times a day.

**SANGUINEOUS APOPLEXY.** See **Apoplexy.**

**SARCOMA.** See **Tumours.**

**SCABIES.** See **Itch.**

**SCALD HEAD.** See **Eczema.**

**SCALDS.** See **Burns and Scalds.**

**SCALL, RUNNING.** See  
**Eczema.**

**SCARLATINA** (*Scarlet Fever*). This is one of the specific fevers, and is highly **contagious**. The *incubative* stage is six days, or even shorter, and the disease is ushered in with rigors, and other symptoms of feverishness. On the *second* day after these symptoms the rash appears, coming first on the arms and chest, and then invading the face, trunk, and limbs. The rash is of the vivid scarlet colour which gives its name to the disease. After the rash has disappeared, the skin begins to peel, and this process is called desquamation. This process may be complete in a few days, or last for several weeks. It is during this peeling stage that the contagiousness of scarlatina is at its height. In addition to the rash, the throat in scarlet fever becomes inflamed, the tonsils swollen and ulcerated, and the glands below the jaw enlarged. The tongue also presents a characteristic appearance: When looked at, the papillæ are seen to be standing out red and inflamed, and to this condition the name of "strawberry tongue" is given.

When scarlet fever runs the ordinary mild course, as described above, it is called *Scarlatina simplex*. When the fever is more severe, and the throat the seat of extensive ulceration, it is *Scarlatina anginosa*. In more severe cases there are head complications existing at an early stage, and the patient is confused, and passes into a state of stupor and coma, which generally ends in

\* For doses for Children, see Introduction.



death on the fifth or sixth day. The rash in these cases is of a very livid hue, and the condition is called *Scarlatina maligna*.

Besides the throat complications which have been alluded to, scarlet fever is liable to be followed in the convalescent period by dropsy. Ophthalmia, disease of the ear, and deafness, are also dangers to be guarded against after scarlatina.

The treatment consists, first in complete isolation of the patient, and if possible he should be placed in a room at the top of the house. A sheet soaked in Sanitas fluid or carbolic acid should be hung outside the door, and be kept constantly wet with the disinfectant, and saucers containing disinfectants should be placed on the floor of the sick-room. At the onset of the disease the bowels may be opened by a dose of castor oil. During the acute stage, a febrifuge mixture may be given, as follows: Nitrate of potash and chlorate of potash, of each  $\frac{1}{2}$  drachm; sweet spirits of nitre, 1 drachm; and camphor water up to 3 ounces. One or two teaspoonfuls may be given every four hours to a child from six to ten years of age. In the case of an adult, all these quantities should be doubled, and table-spoonful-doses taken. The diet must be confined to milk and beef-tea. For a cooling drink, 60 grains of chlorate of potash may be dissolved in a pint of water, and administered every few hours. If the glands are swollen and the throat is troublesome, poultices should be applied. After the rash subsides the surface of the body should be anointed every night with carbolic oil of the

strength of one in twenty. This should be continued till every trace of peeling has disappeared. A warm bath should also be given every third or fourth night, with some Sanitas in it, and carbolic or coal-tar soap used. In *Scarlatina maligna* stimulants must be freely administered from the first. The patient should not be allowed to mix with his fellows for at least three weeks after all peeling has stopped. When the illness is over all the clothes must be disinfected, and the room also. The clothes should be sent to one of the special places advertised in the papers, where they are subjected to heat. The room is disinfected by burning sulphur in it, having first stripped off the wall-paper.

**SCARLET FEVER.** See *Scarlatina*.

**SCIATICA.** This disease is a neuralgia of the sciatic nerve—the great nerve which supplies the lower limb, and runs down the back of the thigh. The pain is most acute. It is often met with in rheumatic people. The exciting cause is chiefly exposure to cold or damp.

Sciatica is often very intractable to treatment, one remedy after another having to be applied, and without effect. The treatment is chiefly local, and consists in rubbing stimulating and anodyne liniments over the affected nerve. One of the best of these liniments is 1 drachm of aconite liniment,  $\frac{1}{2}$  ounce each of compound camphor and belladonna liniment, 1 ounce of laudanum, and opodeldoc up to 6 ounces. The patient should be confined to

bed, and the limb wrapped up in cotton-wool and flannel. At the commencement of an attack, a Turkish bath will often give relief. Massage may also be had resort to with benefit. In patients of a rheumatic habit, a tablespoonful of a mixture of 1 drachm of iodide of potash and  $\frac{1}{2}$  drachm of bicarbonate of potash, with  $1\frac{1}{2}$  drachms of tincture of colchicum, in 4 ounces of water, every four hours, may be taken with advantage.

**SCIRRHUS.** See **Tumours.**

**SCORBUTUS.** See **Scurvy.**

**SCRIVENERS' PALSY.**  
See **Writers' Cramp.**

**SCROFULA** (*Kings' Evil, Struma*). Scrofula is a disease of the general system due to impaired vitality. It is chiefly met with in the children of the poor, from insufficient and improper feeding and deficient ventilation. Anatomically, it consists in a deposit of tubercles in the lymphatic glands, especially those about the neck. The disease is chronic, and the glands have a tendency to ulcerate and supurate. When abscesses form and burst, or are opened, large livid-looking scars are left, which greatly disfigure the patient.

The treatment of scrofula resolves itself into improving the general health by plenty of milk, good food, air, and exercise. Cod-liver oil should also be given for a lengthened period of time. Steel-wine also forms a useful adjunct, and may be given occasionally in teaspoonful doses.

**SCURF.** See **Pityriasis.**

**SCURVY** (*Scorbutus*). Scurvy is a general disease marked by progressive anæmia and debility. The cause of it is the deprivation of vegetable food.

Among the first prominent symptoms of scurvy is the appearance of discoloured patches, chiefly in front of the legs, in the face, in front of the elbows, and beneath the jaw. After a time, large, puffy swellings may occur in these spots. The cause of the discoloration and the swellings is the effusion of blood into the subcutaneous tissues. The gums in scurvy also swell, become spongy, ulcerate, and bleed easily. The teeth may loosen and drop out. Increasing weakness follows on the course of the disease, and the patient may die of syncope or exhaustion.

The treatment of scurvy is to restore to the diet those items whose absence is the cause of the disease. Vegetables—such as potatoes, carrots, turnips, onions—are thus indicated; and fruits—as oranges and lemons—are also beneficial. Lime-juice is an excellent anti-scorbutic, and in the Board of Trade regulations it is laid down that sailors are to have 2 ounces of lime-juice twice a week; and if any scurvy symptoms manifest themselves, the quantity is to be 1 ounce a day.

**SCURVY, LAND.** See **Purpura.**

**SEBORRHEA.** See **Acne.**

**SEDIMENT, URINARY.**  
See **Gravel.**

**SENILE CATARACT.** See **Cataract.**

**SENILE DEGENERATION.** See Degeneration.

**SENILE EMPHYSEMA.**  
See Emphysema of the Lungs.

**SENILE GANGRENE.** See Gangrene.

**SENILE IMBECILITY.**  
See Insanity.

**SEPTICÆMIA.** See Pyæmia.

**SEROUS APOPLEXY.** See Apoplexy.

**SERPENTS, BITES OF.**  
See Bites and Stings.

**SESSILE TUMOURS.** See Tumours.

**SEVEN-DAY FEVER.** See Relapsing Fever.

**SHAKES.** See Ague.

**SHAKING PALSY** (*Paralysis agitans*). This is a disease of advanced life; it makes its appearance, as a rule, slowly, though sometimes the onset is sudden. It is characterised by a shaking or tremulousness of the muscles, especially those of the extremities. It is chronic in its progress, and may extend over several years.

Drugs seem to have little influence over the course of shaking palsy, but steel may be tried, in the form of  $1\frac{1}{2}$  drachms of the tincture in 6 ounces of water, of which mixture one or two tablespoonfuls should be given three times a day. The constant current (which is a form of electricity distinguished from the interrupted

current) has also sometimes proved beneficial. Good diet and general hygiene should, of course, be attended to.

**SHINGLES.** See Herpes Zoster.

**SHOCK.** See Concussion.

**SHORTNESS OF BREATH.** See Dyspnœa.

**SHORT-SIGHTEDNESS.**  
See Myopia.

**SICK-HEADACHE.** See Headache.

**SICKNESS** (*Vomiting*). Sickness is a troublesome symptom of many complaints. It may arise simply from some food which has not agreed with the stomach; in other cases it may be due to congestion, or inflammation, or ulceration of the stomach. Any tumour in that organ itself, or pressure on it from without, may give rise to vomiting. Again, the sickness may be dependent on some affection of some distant but related organ, such as inflammation of the bowels, congestion of the liver, or Bright's disease of the kidneys. In other cases it is caused by nervous irritation. A blow on the head may cause vomiting, and likewise there are brain diseases which are characterised by constant retching. The matter vomited is often surprisingly plentiful in quantity. It may be sour, acid, or accompanied with a foul, fæcal smell; it may consist simply of the food taken, or of a little mucus; or it may contain bile, and be tinged with blood. The act of vomiting

may be accompanied by pain which is relieved on sickness, or the pain may continue after the offending matter has been ejected.

In treating vomiting, we first try to find out its cause, and remedy that. To allay the sickness itself there are several drugs, such as bismuth, opium, and hydrocyanic acid. Effervescent mixtures also often give relief. The following is an example of a bismuth mixture: Bismuth sub-nitrate, 1 drachm; mucilage,  $\frac{1}{2}$  ounce; spirit of chloroform, 1 drachm; dilute hydrocyanic acid, 24 minims; and water to 6 ounces: a tablespoonful\* to be taken every four hours. In the way of effervescent, champagne-and-soda is often effectual, and the addition of a little ice will make it still more useful.

### **SIDE, PAIN IN THE.**

See **Pleurodynia.**

**SIGHT, WEAK.** See **Myopia** and **Presbyopia.**

### **SIMPLE FRACTURES.**

See **Fractures.**

### **SKIN DISEASES.** See

**Acne** (Seborrhœa), **Alopecia areata** (Bald Spots), **Crab-louse** (*Pediculus pubis*), **Eczema** (Moist Tetter), **Erysipelas** (St. Anthony's Fire), **Erythema** (Red Skin), **Favus** (*Trinea favosa*), **Freckles** (Lentigo), **Heat-Spots** (Miliaria), **Herpes** (Shingles), **Ichthyosis** (Fish-skin Disease), **Impetigo** (Ecthyma), **Itch** (Scabies), **Keloid**, **Lice** (Phthiriasis), **Lichen**, **Lupus** (Rodent Ulcer), **Moles**, **Molluscum contagiosum**, **Nævus** (Port-wine

Stain), **Nettle-rash** (Urticaria), **Pityriasis** (Scurf), **Psoriasis** (Lepra), **Ringworm** (*Porrigo scutata*), **Roseola** (Rose-Rash), and **Vitiligo** (Leucoderma).

**SLEEPLESSNESS** (*Insomnia*). Sleeplessness is a most distressing condition. When it does not arise from actual pain and acute disease, it is often associated with brainwork and worry. It is frequently a sign of commencing insanity, especially the form known as dementia. Old people, too, are troubled very much with sleeplessness.

All sleeping-draughts and medicines should be avoided. Heavy suppers just before going to bed are also forbidden, though it is equally bad to go to bed hungry. A light supper, about an hour before retiring, should be the rule; but if a dinner is taken some hours before going to rest, a glass of milk and a biscuit should be taken the last thing. For old people, or those worn out with brainwork, a very good "nightcap" is a tumblerful of hot brandy or whisky and water. Hot milk, gruel, and such-like things, should not be taken. If these means fail, a safe and effectual sleeping-pill may be taken in the shape of one or two tabloids of Sulphonal Bayer (Burgess & Wellcome) at bedtime.

**SLOUGHING.** See **Ulcer, Ulceration.**

**SMALL-POX.** This is an infectious specific fever with a characteristic eruption. Thanks to vaccination, it is much less frequently met with nowadays than

\* For doses for Children, see Introduction.

formerly. In unvaccinated persons the mortality is very high; but in those who are vaccinated the disease is generally very mild, and the fatality very low.

The *incubative* stage of small-pox is *twelve* days; and the symptoms of invasion are, in addition to the rigors and general feverish symptoms, intense pain in the back, and vomiting. Delirium sometimes manifests itself, and in children convulsions often appear. On the *third* day the rash appears, and with its appearance the feverishness subsides. At first the rash appears in the form of distinct, solid pimples, or papules, feeling like small shot under the skin. The rash first appears on the forehead and hands, and then spreads down to the legs. About the *third* day the papules change into vesicles, with an inflammatory ring round them; they gradually get bigger, the lymph changes into pus, and the pustules present characteristic depressions in the centre, and are described as *umbilicated*. The pustules break about the *eighth* day, and scabs form, which fall off in the course of *two* or *three* days.

There are two great varieties of small-pox, described according as the papules that constitute the rash remain distinct or coalesce into one mass. This last is a very serious condition: all the tissues, and notably those of the face, swell. In this form a secondary fever appears, which is very severe, and often fatal.

On the appearance of small-pox, all persons at all likely to be exposed to risk should at once be re-vaccinated. The patient himself must be at once isolated. Being a specific fever, no medicine

has any control over it. It must run its course, and all that can be done is to give some febrifuge mixture, such as prescribed for **Scarlatina**. Locally, the vesicles may be anointed with a little carbolic oil, and the patient should not scratch them; to prevent this, the hands of young patients should be confined in woollen gloves, and tied to the sides. The diet should consist of beef-tea and milk foods. Stimulants must only be given under medical advice. If that cannot be obtained, the great indications for their use are faintness and prostration in the patient. Two tablespoonfuls of brandy should then be mixed in a tumblerful of water, and a few sips given to the patient every quarter of an hour till the pressing symptoms are relieved.

To prevent the spread of small-pox, complete isolation must be first insisted upon. In the second place, no one should be allowed in the room who has not been re-vaccinated within the last few days.

**SNAKE-BITES.** See **Bites and Stings.**

**SOFTENING OF THE BRAIN.** See **Brain, Softening of the.**

**SORES.** See **Ulcers.**

**SORES, BED.** See **Bed Sores.**

**SORE THROAT.** A sore throat is seen in many complaints; thus it is an unfailing accompaniment of quinsy. But there are three conditions which merit

special attention; they are **Relaxed Sore Throat** (which *see*), ordinary sore throat, and **Clergyman's Sore Throat**.

Ordinary sore throat is the result of exposure to cold or wet. In addition to the pain, the chief symptoms are huskiness and dryness of the throat, with thirst and feverishness. It is not at all serious unless the inflammatory process spreads to the larynx, causing acute **Laryngitis** (which *see*).

The treatment consists in keeping in one room for a couple of days, and using frequent inhalations of steam. The food should be light. The bowels, if costive, are to be opened by 5 grains of blue pill, or, in the case of children, 2 or 3 grains of grey powder. Chlorate of potash lozenges may be sucked during the day, and ice slowly dissolved in the mouth often gives relief. A gargle of 1 drachm of chlorate of potash in 6 ounces of water should also be used frequently.

**Clergyman's Sore Throat** is a chronic condition due to excessive use of the voice. The mucous membrane becomes relaxed and the uvula elongated. The chief symptoms are pain, hoarseness, dryness of the throat, and a husky, short cough.

Rest to the voice is the first imperative part of treatment. This, combined with change of air and a tonic, will effect a cure if it is taken early enough. A suitable tonic is made as follows: Sulphate of iron and quinine, of each 8 grains; dilute sulphuric acid, 8 minims; and infusion of quassia to 8 ounces; take two tablespoonfuls three times a day.

In more chronic cases, in addition to these remedies a gargle containing 30 grains of alum in 6 ounces of water will prove beneficial. The back of the throat may also be swabbed over night and morning with glycerine of tannin, by means of an ordinary throat-brush. Burroughs & Wellcome's "Voice" Tabloids will also give great relief. Rest to the voice, to finish, is the great desideratum. *See also* **Hoarseness**.

### **SORE THROAT, PUTRID.**

*See* **Diphtheria**.

**SPASM.** *See* **Colic**.

### **SPASM AT THE HEART.**

*See* **Angina pectoris**.

### **SPASM OF THE GLOTTIS.** *See* **Croup (False)**.

### **SPERMATIC CORD, HYDROCELE OF THE.** *See* **Hydrocele of the Spermatic Cord**.

**SPINA BIFIDA.** This is a congenital deformity caused by the absence of the arches of the vertebræ, owing to which a swelling appears in the middle line in the back, varying in size; the tumour may burst or ulcerate.

Death is generally the result of this deformity, but sometimes patients afflicted with it live a considerable time. The treatment is purely surgical, and cannot be described here.

### **SPINAL MENINGITIS.**

*See* **Meningitis, Spinal**.

**SPITTING.** *See* **Expectoration**.

**SPITTING BLOOD.** See *Hæmoptysis*.

**SPLEEN, ENLARGEMENT OF.** See *Ague*.

**SPRAINS** are due to rupture of the ligaments of a joint and the consequent inflammation caused by the injury. The principal signs are pain, swelling, and immobility of the joint.

The part must be kept at perfect rest, and a lotion of 2 drachms of acetate of lead in 8 ounces of water constantly applied till all swelling has subsided. When this happens, the affected joint should be rubbed with opodeldoc, and a bandage applied.

**SQUINT.** Squinting is due to a want of parallelism between the two eyes. It is usually dependent on some defect of sight, as short- or long-sightedness, but it may also be induced by the presence of worms or brain disease. It is usually—especially in the young—convergent; that is, the axis of the eye rolls inwards. An outward, or divergent, squint is also met with, and is the commonest form among elderly people.

If the squint is due to worms or stomach troubles, it may be cured by a worm-powder, and the administration of Gregory's Powder. In recent cases of squint, great benefit may be derived from steel-wine. When that fails, and in all old cases of squint, recourse must be had to an operation.

**STINGS.** See *Bees and Wasps (Stings of)*, and *Bites and Stings*.

**STITCH.** See *Pleurodynia*.

**STOMACH, BLEEDING FROM THE.** See *Hæmorrhage*.

**STOMACH, CRAMP IN THE.** See *Colic*.

**STOMACH, INFLAMMATION OF THE.** See *Gastritis*.

**STOMACH, ULCERATION OF THE.** See *Gastric Ulcer*.

**STOMATITIS** (*Inflammation of the Mouth*). Stomatitis is usually secondary to gastric or biliary derangement. In some cases it may come from abuse of drugs—as mercury.

The symptoms are swelling of the tongue, gums, throat, and cheeks, with the formation of small ulcers.

The treatment is first to clean the bowels with a saline purge, such as a Seidlitz powder. Then a mixture of chlorate of potash should be taken, as follows: Chlorate of potash, 1 drachm; tincture of rhubarb, 1 drachm; infusion of quassia, to 8 ounces: two tablespoonfuls\* every four hours. The mouth should also be washed out with a gargle containing 2 drachms of chlorate of potash in 8 ounces of water.

**STONE.** See *Calculus (Urinary)* and *Gall-stone*.

**STONES, CHALK.** See *Chalk-stones*.

**STOUTNESS.** See *Obesity*.

**STRANGULATED HERNIA.** See *Hernia*.

\* For doses for Children, see *Introduction*.

**STRANGULATION.** This consists in preventing the admission of air to the lungs by compression of the throat and windpipe. If it is maintained for a sufficient length of time, the victim dies of suffocation. The pressure may be maintained by the hands, but it is usually effected by means of a cord or ligature. The commonest form of strangulation is seen in the case of hanging.

The first thing to do in a case of strangulation is to remove all ligatures and tight articles of clothing, and allow free access of air to the sufferer. Cold water may be dashed over the face and chest. Should these means fail to restore the patient, the remedies described under **Suspended Animation** must at once be had resort to, and maintained for at least one hour.

**STREET ACCIDENTS.**  
*See Accidents and Wounds.*

**STROKE.** *See Apoplexy, Paralysis, and Sunstroke.*

**STRUMA.** *See Scrofula.*

**STRUMOUS OPHTHALMIA.** *See Ophthalmia.*

**STUPOR.** *See Coma.*

**STYE** (*Hordeolum*). A sty is a little boil on the edge of the eyelid, occasioning a good deal of pain.

The best application for a sty is hot fomentations of poppy-heads. Put two heads in  $\frac{1}{2}$  pint of boiling water, and apply as warm as can be borne.

**SUFFOCATION.** *See Asphyxia.*

**SUN-PAIN.** *See Neuralgia.*

**SUNSTROKE** (*Coup de Soleil, Heat-Apoplexy, Heat-Stroke, Insolation*). The effect of continued exposure to the sun is a gradual impairment of the cerebral faculties, till in the acute stage of a sunstroke the patient falls down totally unconscious; his breathing is slow, and the pupils are natural, but he is totally oblivious of all that is going on around him. After recovery, he is generally more or less irritable, and the least excitement is apt to cause great cerebral disturbance.

The treatment is to remove the sufferer to a cool place, and apply ice to the head. He should be kept perfectly quiet for some time. Stimulants of all kinds are to be rigorously forbidden. After recovery, quiet living should be enjoined and excitement of all kinds forbidden.

**SUPPRESSION OF URINE.** *See Urine, Suppression of.*

**SUPPURATION.** *See Abscess.*

**SURGICAL FEVER.** *See Pyæmia.*

**SUSPENDED ANIMATION.** Suspended animation is generally met with in the case of a person rescued from drowning. It is also seen in would-be suicides who have tried to hang themselves. *See Strangulation.*

The treatment of such a case should be prompt. The sufferer is placed on his back, stripped to the waist, and his tongue well



pulled forward and held there. An indiarubber ring, placed over the tongue and under the chin, will effect the purpose. His head and shoulders should be slightly raised, and this can be effected by a bystander taking off his coat and rolling it up into a pillow. Efforts should then be directed to restoring the heart's action. The following method (Sylvester's) is the best: The operator stands above the head of the apparently-drowned person, or kneels, if the patient is on the ground, and seizes both his arms just below the elbows. Then he draws them up gradually, till they are fully extended above the patient's head: this inflates the patient's chest. Holding them in that position for a second or two, he then presses them down again firmly upon the patient's chest: this action expels the air from the lungs. This must be repeated about twenty times a minute. By these means natural respiration is imitated, the chest being expanded to admit the entry of air, which is again expelled from the lungs. This should be continued for some hours before all hope of recovery is abandoned. While this is going on, other attendants should try and maintain warmth, and restore the circulation, by taking off all damp clothes, by covering the body with warm flannels, and by applying gentle friction to the legs, rubbing them up in a direction from the feet to the body. After respiration is restored, the patient should be placed in a warm bed, and a cup of warm beef-tea, tea, or milk given to him.

**SWEATING, NIGHT.**  
See **Night-Sweating.**

**SWEATING OF THE FEET.** See **Feet, Sweating of the.**

**SWOLLEN BELLY.** See **Flatulence.**

**SWOON.** See **Fainting.**

**SYNCOPE.** See **Fainting.**

**TABES DORSALIS.** See **Locomotor Ataxy, Progressive.**

**TABES MESENTERICA.** See **Bowels, Consumption of the.**

**TÆNIA ECHINOCOCCUS.** See **Hydatids.**

**TÆNIA SOLIUM.** See **Tapeworms.**

**TALIPES.** See **Club-Foot.**

**TAPEWORMS.** The tapeworm most commonly met with in the human species is that known as *Tænia solium*. This is produced by the eating of "measly" pork, and its habitat in man is the small intestine. It consists of a head and a number of segments attached one to the other, which give it a ribbon-like shape. Its head is furnished with a mouth and suckers, by which it attaches itself to the mucous membrane of the intestine. In length it may reach to many yards.

Tapeworm is recognised by the appearance of some of its segments in the motions. The symptoms which it gives rise to may be said to be *nil*. All sorts of symptoms have been referred to its presence by sufferers, but they are probably more or less imaginary.

Our object in treatment is to

expel the offending intruder, and to do this effectually the head must be got rid of. Drugs which kill worms are called anthelmintics, and the best anthelmintic for tapeworms is male fern. The following is a prescription for a draught: Liquid extract of male fern, 60 drops; mucilage, 1 drachm; water, to  $\frac{1}{2}$  ounce.\* No food should be eaten for some time before taking this draught, and the best time to take it is in the morning before breakfast. It should be followed by 1 ounce of castor oil, and food should not be taken till the bowels have acted. Koussou and pomegranate are other anthelmintics, but male fern is the best.

**TERTIAN AGUE.** See *Ague*.

**TETANUS** (*Lockjaw*). Tetanus consists in a continuous or tonic (as it is called) spasm of the muscles. It may be caused by injury—especially lacerated wounds of the thumb and forearm—or be independent of such injury. It may be partial—when it chiefly affects the muscles of the neck and jaw, forming lockjaw—or general. The back is generally stretched backwards (*opisthotonos*); but it may be also bent forwards or sideways.

Tetanus is always a serious complaint, and a surgeon should always be sent for. All wounds should be freely washed out, and kept clean. For remedies, chloral and chloroform are chiefly relied on, but they must be administered by a medical man. The patient's strength should be maintained by a liberal diet.

**TETTER, MOIST.** See *Eczema*.

**THIGH-BONE, FRACTURED.** See *Fractures*.

**THREAD-WORMS.** See *Worms*.

**THROAT, CUT.** See *Cut Throat*.

**THROAT-DEAFNESS.** See *Deafness*.

**THROMBOSIS.** See *Embolism and Thrombosis*.

**THRUSH** (*Aphthæ*). Thrush is an ulcerative affection of the mouth, caused by the presence of a parasite. It occurs in young children, and is recognised by the presence of white patches. The ulcerative process sometimes extends down the whole of the gastro-intestinal canal, and white patches appear at the anus.

Chlorate of potash should be given, in 2-grain doses, to a child of one year old, and gradually increased for older children. The following is a formula for a year-old child: Chlorate of potash,  $\frac{1}{2}$  drachm; glycerine,  $\frac{1}{2}$  ounce; and water up to 2 ounces: a teaspoonful every four hours. The white patches should be painted with a little glycerine and borax.

**TIC-DOLOUREUX.** See *Neuralgia*.

**TINEA DECALVANS.** See *Alopecia areata*.

**TINEA FAVOSA.** See *Favus*.

\* For doses for Children, see *Introduction*

**TINEA TONSURANS.**  
See **Ringworm.**

**TOE-NAIL, INGROWING.** This complaint usually attacks the great toe, and is caused by the pressure of ill-fitting boots giving rise to an ulcer, in which the root of the nail is embedded. Pain, swelling, and inability to walk, are the main symptoms.

Great relief is afforded by bathing the toe with warm water, resting the foot till all swelling has subsided, and then paring down the edge of the nail; in more severe cases, an operation must be performed by a surgeon.

**TONSILLITIS, ACUTE.**  
See **Quinsy.**

**TONSILS, INFLAMMATION OF THE.** See **Quinsy.**

**TOOTHACHE.** This is sometimes due to dyspepsia, when it may be cured by a course of compound rhubarb powder. Mix 1 drachm in 6 ounces of water, and take two tablespoonfuls three times a day.\* In other cases it is caused by decay of the teeth, when they must be either stopped or extracted. Relief is sometimes afforded by inserting a pledget of cotton-wool, soaked in creasote, or oil of cloves, or the two mixed, into the hollow of the offending tooth. A capital remedy in a large number of cases is a pledget of cotton-wool soaked in camphorated chloroform, and placed in the hollow. This acts as temporary and antiseptic stopping for two or three days,

after which it should be renewed. For toothache which arises from periostitis or inflammation of the membrane which covers the tooth below the gum a small drop of tincture of pyrethrum, applied with a brush or finger, is almost a specific.

**TOOTH-RASH.** See **Red-Gum.**

**TRANCE.** See **Catalepsy and Ecstasy.**

**TRANSPORT.** See **Accidents.**

**TUBERCLE** (*Tuberculosis*). This is a general constitutional disease due to the deposition of minute tumours, known as tubercles, in the lymphatic system, and in various organs. Its commonest seat is the lungs, where it constitutes phthisis (see **Consumption**). It may also exist in the bowels, causing tubercular diarrhœa. Sometimes it is met with, in children, in the arteries at the base of the brain, setting up tubercular meningitis (see **Meningitis, Cerebral**). Tubercle is often a hereditary disease, and the latest researches seem to show that it is **infectious**, though in a very much smaller degree than diseases like scarlet fever or typhoid.

The main elements of the treatment of tubercular disease are plenty of fresh air and good food, cod-liver oil, and iron. One of the best preparations of iron for tubercular children is Parrish's Chemical Food, which should be taken in teaspoonful-doses two or three times a day.

\* For doses for Children, see *Introduction.*

**TUBERCULAR CACHEXIA.** See Cachexia.

**TUBERCULAR DIARRHŒA.** When tubercle attacks the intestine, it occasions diarrhœa. This diarrhœa is profuse and exhaustive, and is attended with pain over the abdomen. The patient generally shows other well-marked symptoms of tuberculosis, as debility, anæmia, loss of flesh, and cough.

The first element in treatment is to rigorously exclude any article of diet which may be found to cause irritation. When diarrhœa is present, hot fomentations should be applied over the abdomen, and 5 minims\* of laudanum in a teaspoonful of water should be given every hour. The diet should consist principally of arrowroot. See also **Diarrhœa** and **Tubercle**.

**TUBERCULAR LEP-ROSY.** See Leprosy.

**TUBERCULAR MENINGITIS.** When tubercle appears in the nervous meninges, its seat is always in the cerebral ones. See **Meningitis, Cerebral**.

**TUBERCULOSIS.** See **Tubercle**.

**TUMOURS.** Tumours are new growths, and the term tumour includes all classes of such, from warts to cancers. A tumour is not a mere swelling, but a new growth of some tissue, normal or abnormal, which increases according to a law of its own.

Tumours are classified accord-

ing to the tissue of which they are formed, and so we have fatty tumours (*lipoma*), fibrous tumours (*fibroma*), bony tumours (*osteoma*), cartilaginous tumours (*enchondroma*), and others. Cysts are tumours containing fluid (see **Cysts**). A tumour is said to be *sessile* when it is situated directly on a part, in distinction to a *polypus* tumour, which is connected to the part by means of a stalk.

Tumours are also divided into *benign* tumours (which include most of those we have named) and *malignant* tumours, of which the great type is cancer. The great feature which distinguishes the two types, is that malignant tumours return after being removed, and benign tumours never do. There are other characteristics of the two classes, which help us to distinguish them before operating. If the tumour has been of slow growth, if it has shown no tendency to break down and ulcerate, if it has been unaccompanied by pain, if the skin covering it is freely movable over the tumour and not attached to it, and if the general health has not suffered, it is in all probability a benign growth; and if the contrary tendencies have been manifested, it is cancerous or malignant in its nature. Further, cancerous growths are apt to infect the lymphatic system, and fresh particles of infection are carried by it to distant organs, and there deposited, to start secondary tumours; the glands just above a cancer are in this way infected, and if examined will be found to be enlarged. There is a third division of tumours between

\* For doses for Children, see Introduction.

the two great classes mentioned, which, though not malignant, may recur after extirpation. The principal example of this is the *sarcoma*, a tumour composed of fibrous material.

The only remedy for a tumour is the surgeon's knife. In the case of malignant growths, it is often a difficult question to decide whether to remove it or no, and this must always be left to the surgeon.

A classification of the principal tumours is here given :

I.—CYSTIC TUMOURS.

II.—SIMPLE TUMOURS :

1. Adenoid, or Glandular.
2. Enchondroma, or Cartilaginous.
3. Fibroid.
4. Lipoma, or Fatty Tumours.
5. Osteoma, or Bony Tumours.

III.—SARCOMA.

IV.—MALIGNANT TUMOURS :

1. Epithelioma.
2. Cancer.
  - a. Scirrhus, or Hard Cancer.
  - b. Soft or Medullary Cancer.

**TYMPANITES.** See **Flatulence.**

**TYPHLITIS AND PERI-TYPHLITIS.** The cæcum is a part of the bowel specially liable to inflammation. It is situated low down on the right side of the abdomen, and when inflammation takes place in it, or the tissues surrounding it, the terms typhlitis and perityphlitis are respectively applied to the conditions. Apart from enteric fever, in which ulceration is liable to appear in this part, colds and irritating substances are liable to set up these attacks.

Feverishness, pain, and swelling in the region of the groin, on the right side, are the chief symp-

toms, and abscesses are liable to form.

Typhlitis is to be carefully distinguished from colic. In colic the feverish symptoms are absent, and the pain is felt all over the abdomen. Again, in colic the pain is relieved by pressure, but in typhlitis it is intensified. Typhlitis, too, may be mistaken for enteric fever. But in typhlitis the premonitory signs are wanting; and in enteric fever diarrhœa is generally present, while in typhlitis the bowels are constipated.

Rest in bed, light diet, hot fomentations, and opium, are the indications for treatment. All purgative medicines must be avoided. Opium may be given, in the form of 5 to 10 drops\* of laudanum, every hour till the pain is relieved. During convalescence great attention must be paid to the diet. Only the most digestible foods should be allowed, and vegetables must be partaken of sparingly. Stimulants should be avoided. A teaspoonful of Easton's Syrup in a wineglass of water may be taken three times a day; or, in the case of children, the same quantity of Parrish's Food.

**TYPHOID FEVER.** See **Enteric Fever.**

**TYPHUS FEVER** (*Camp Fever, Jail Fever*). This is a specific fever, highly **contagious** in its nature. It is a disease of temperate climates, and is chiefly associated with overcrowding, starvation, and bad ventilation. The contagium seems to be given off by the breath. It attacks

\* For doses for Children, see Introduction.

young people, preferably of between the ages of fifteen and twenty-five.

The *incubatory* stage of typhus is not known for certain. The *invasion* is marked by rigors, lassitude, pains in the muscles, and general febrile symptoms. The bowels are generally confined. On the fifth or sixth day a rash comes out, which is chiefly confined to the trunk and the backs of the arms and hands. It is of a dusky colour, not unlike that of measles. With its appearance all the symptoms increase in severity. The most marked features of typhus are the nervous symptoms. Lassitude and incoherence pass into delirium, which is of a low, muttering kind. Tremulousness of the muscles is also a more or less constant sign. The motions are passed involuntarily, and the urine dribbles away. The tongue is small and black, and the gums and teeth are covered with dirty mucus; the face is dusky, and the whole condition of the patient one of extreme exhaustion. On the *thirteenth* or *fourteenth* day, if the case is going to be a favourable one, a crisis occurs. The patient falls asleep, and wakes up with all the febrile symptoms abated, and from that time he goes on picking up strength until convalescence is established.

The treatment of typhus is like that of all the other specific fevers. The patient must be isolated, and the disease allowed to run its course. The head should be shaved, and bladders of ice applied to it. In addition to the ordinary febrifuge medicines, ammonia is strongly indicated in typhus, and may be given as

follows: Nitrate of potash, 1 drachm; carbonate of ammonia, 20 grains; sal volatile, 2 drachms; solution of acetate of ammonia, 2 drachms; spirits of chloroform, 1 drachm; and camphor-water to 8 ounces: two tablespoonfuls\* every four hours. The diet ought to consist of milk and strong beef-tea, and in weak patients, or those who have the characteristic nervous phenomena well marked, brandy should be added to the diet list. In the convalescent stage, the patient should be put on quinine. Quinine may be taken in the shape of 1-grain pills three times a day after meals.

### ULCER, ULCERATION

(*Sloughing*). Ulceration is one of the results of inflammation, and signifies the breaking down of the tissues. An ulcer is technically defined as a solution of continuity in a tissue; but it may be said that an ulcer is simply a *sore*, and it is pretty well understood what is meant by that term. The old and the weak are most liable to ulcers, and the skin and mucous membranes are the tissues most prone to undergo ulceration. Ulcers are also most likely to break out when the circulation is weak from any cause, and hence the leg is the chief seat of the disease.

An ulcer presents a red surface, which is studded over with minute pink "granulations," as they are called, and moistened by a thin discharge. This is the typical *healthy* ulcer, in a fair way of healing. In other sores the surface is deeply eaten into, is of angry-looking, red, *inflamed*

\* For doses for Children, see Introduction.

character, and the discharge is of a copious, thick character, with an offensive odour. In others, again, the granulations may be large and florid, and tend to *bleed*. These are the principal varieties of ulcer.

In the treatment of the ordinary healing ulcer, little more requires to be done than to apply a dry piece of lint to it, and support it with a carefully-applied bandage. The dressing should be changed twice a day, and the sore washed by carefully syringing it with a little warm water and Condy's fluid (equal parts of both). Boracic lint is the best to use. In cases where this does not seem to answer, a piece of lint soaked in a little cold or tepid water—forming the ordinary water-dressing—should be tried. When the sore is deep, zinc ointment should be spread on the lint. Ulcers seem to benefit greatly by a change in the dressing. In the inflamed ulcer, the lint should be soaked in a lotion containing 2 drachms of solution of subacetate of lead in 6 ounces of water. When the granulations are florid and bleeding, a lotion should be used containing 1 or 2 grains of sulphate of zinc in 1 ounce of water.

**ULCER, GASTRIC.** *See Gastric Ulcer.*

**ULCER OF THE DUODENUM, PERFORATING.**  
*See Burns and Scalds.*

**UMBILICAL HERNIA.**  
*See Hernia.*

**URINARY CALCULUS.**  
*See Calculus, Urinary.*

**URINARY SEDIMENT.**  
*See Gravel.*

**URINE, BLOOD IN THE.**  
*See Hæmatinuria.*

**URINE, EXTRAVASATION OF.** *See Extravasation of Urine.*

**URINE, RETENTION OF.** This arises from some impediment to the flow, from a stricture, an impacted calculus, or an enlarged prostate gland; or in other cases, from paralysis of the bladder.

The remedy is the catheter, used by the surgeon. This is an instrument which, being passed down the urinary passages till it reaches the bladder, allows the escape of the contained urine. A flexible gum catheter is the best to use.

**URINE, SUPPRESSION OF.** Suppression occurs in cases where the kidneys have been worn out, as in people who have indulged in alcohol too freely. The waste products being thus prevented from being cast out of the system, circulate in the blood, giving rise to a form of blood-poisoning in which coma and convulsions soon supervene, and death occurs in three or four days.

**URTICARIA.** *See Nettle-rash.*

**VACCINATION** (*Cow-pox*). Vaccination consists in inoculating the system with a comparatively trivial disorder—vaccinia—in order to protect it from small-

pox. The best age to perform it primarily is from six to ten weeks.

Five or six little punctures are made with a lancet on the fleshy part of the arm, and the vaccine lymph is smeared into them. The lymph may be taken from the arm of a previously-vaccinated child, and introduced directly into the arm, which is the best way; or after being taken, it may be preserved for future use in hermetically-sealed tubes, or on ivory points. Vaccination with calf-lymph is also practised. A few days after the operation little vesicles form, which on the *eighth* day are ripe, and should be punctured with the lancet. After that they dry up, and form a dark scab, which falls off about the fourteenth day. A little feverishness is generally seen about the seventh day.

With pure lymph nothing but vaccinia can be introduced into the system, and a careful operator would never use any lymph contaminated with blood; neither would he vaccinate from an unhealthy child.

Erysipelas sometimes sets in on the arm of an unhealthy child after vaccination. When it does, it is almost always due to the mother's neglect to keep the arm clean.

Eruptions often appear in children about the second or third month. They should not be put down to vaccination.

After a child has been vaccinated, the arm should be kept as clean as possible. No arm-protector should be worn. After the vesicles begin to form, care should be taken to avoid break-

ing them. When they have been opened with the lancet, a little zinc ointment forms a good dressing. If there is much inflammation, cold-water rags should be applied.

Vaccination loses its protective influence as time wears on. It is therefore right that it should be performed again at the ages of seven and fourteen. Whenever small-pox breaks out anywhere, everyone who is likely to be exposed to its influence should be re-vaccinated.

**VARICELLA.** See **Chicken-pox.**

**VARICOSE VEINS** (*Varix*). Varicosity signifies a twisted and dilated condition of the veins. The chief cause of it is obstruction to the venous circulation, and hence it is most commonly met in the legs of females, from the custom of wearing garters.

Varicose veins cause more or less pain and swelling, and in severe cases they tend to burst, to ulcerate, and to start an erysipelatous inflammation in the part. Œdema, or dropsy of the foot, is also a frequent consequence, from the obstructed and stagnant circulation.

Whenever the veins are observed to be varicose, an elastic stocking should be worn, to give the circulation support. In case of a vein suddenly bursting, the limb should at once be elevated, and cold water applied to the bleeding spot, with a firm bandage to compress it. See also **Hæmorrhage.**

**VARIX.** See **Varicose Veins.**

No.



**VEINS, INFLAMMATION OF THE.** *See Phlebitis.*

**VEINS, VARICOSE.** *See Varicose Veins.*

**VENOMOUS ANIMALS, BITES AND STINGS OF.** *See Bites and Stings.*

**VERTIGO.** *See Giddiness.*

**VERTIGO, AURAL.** *See Aural Vertigo.*

**VESICAL CALCULUS.** *See Calculus, Urinary.*

**VIBICES.** *See Petechiæ.*

**VITILIGO** (*Leucoderma*). Vitiligo is an extremely rare disease of the skin, in which circumscribed white patches are formed, unattended by any inflammation or itching. It is said to be common among elephants. The phenomenon known as the "white elephant" is due to the presence of vitiligo.

There is no treatment that is of any avail.

**VOICE, LOSS OF.** *See Hoarseness.*

**VOMIT, BLACK.** *See Yellow Fever.*

**VOMITING.** *See Sickness.*

**VOMITING, FÆCAL.** *See Fæcal Vomiting.*

**VOMITING OF BLOOD.** *See Hæmoptysis.*

**WARTS.** These are vascular tumours consisting of hyper-

trophied skin. Their commonest situations are the hands and face.

If anything is to be done to a wart, a silk ligature may be applied tightly to its base, and left there for a couple of days. This arrests the circulation to the wart, and so it shrivels up and drops off. Another effectual plan is to apply to the wart, by means of a glass rod, a few drops of glacial acetic acid. This is a powerful caustic, and great caution must be exhibited in handling it.

**WASPS, STINGS OF.** *See Bees and Wasps, Stings of.*

**WASTING PALSY.** *See Progressive Muscular Atrophy.*

**WATER-BRAIN FEVER.** *See Meningitis, Cerebral.*

**WATER-BRASH.** *See Indigestion.*

**WATER ON THE BRAIN.** *See Hydrocephalus.*

**WATERY BLOOD.** *See Anæmia.*

**WAXY DEGENERATION.** *See Degeneration.*

**WEAK ANKLES.** *See Ankles, Weak.*

**WEAKNESS.** *See Debility.*

**WEAK SIGHT.** *See Myopia and Presbyopia.*

**WENS.** Wens are cystic tumours composed of a blocked-up sebaceous gland. They contain in their interiors hairs, flakes of epidermis, and oil-globules.

They may be opened up with a bistoury, and their contents squeezed out, but only under a surgeon's advice. See also **Cysts**.

**WHITES.** See **Leucorrhœa**.

**WHITLOW** (*Paronychia*). Whitlow is an abscess which forms under the tendons in the fingers or thumbs, and gives rise to great pain, inflammation, and swelling.

The treatment is to poultice well with linseed-meal, and as soon as it is ripe the surgeon must make a free incision right down to the bone, and then the poulticing must be continued till all the discharge has been cleared away from the system.

**WHOOPING-COUGH** (*Hooping-Cough, Kink Cough, Kink-hoast, Pertussis*), Whooping-cough is a specific fever of the same nature as measles and scarlatina, but in which the cough takes the place of the rash. It is most frequently met with in children. It is **contagious**. It is most prevalent in spring and autumn. The contagion is given off by the breath. The duration of the disease is often prolonged, but as a rule, six to eight weeks may be taken as the limits of the disease.

The *latent* period of whooping-cough is a fortnight. As it is a disease chiefly affecting the respiratory system, the symptoms of *invasion* are those of a common cold. They consist in feverishness and wheezing of the breath, with an irritable cough. This stage lasts for a week, and then the cough peculiar to the

disease makes its appearance. This cough comes on in fits. Generally the child's face, at the onset of the cough, assumes a peculiarly anxious look. Then he empties his chest of air by making a long expiration, and this is followed by a series of short coughs, till the face gets livid, the eyes become prominent, sickness may ensue, a copious perspiration breaks out, and it looks as if the little sufferer were going to die of suffocation. He then takes a long breath, and this inspiration is accompanied by the crowing or whooping sound which has given its name to the disease. The number of such fits in the day varies from one or two to fifty or more.

Whooping-cough is rarely fatal of itself, but its complications—bronchitis and pneumonia—are dangerous. In the early stage of the disease it is essential that the patient be kept confined to one room. It is the height of folly to let children with whooping-cough go out in the fresh air. As for medicines, the following mixture may be given: Dilute nitric acid, 1 drachm; tincture of belladonna, 1 drachm; syrup of tolu,  $\frac{1}{2}$  ounce; citrate of potash, 60 grains; and water to 4 ounces: one or two teaspoonfuls every four hours. If there is bronchitis present, the chest may be rubbed with a stimulating liniment, such as one containing  $\frac{1}{2}$  ounce of amber oil in 6 ounces of camphorated oil. During convalescence, tonics and cod-liver oil are indicated, and a change of air often works like a charm.

**WIND IN THE STOMACH.** See **Flatulence**.

**WORMS** (*Ascarides*). **Tape-worms** have been described under that heading. Man is also subject to another parasite, in the shape of *round-worms*.

**Round-worms** probably come from drinking water containing decomposing organic matter. One form of round-worm exists chiefly in the stomach and upper part of the intestines. No special symptoms are attributable to their presence. They are voided in the fæces, and are often vomited. They may attain 1ft. or 2ft. in length. The best remedy for them is santonine, which may be taken in a dose of 2 or 3 grains, fasting, and followed by a brisk purge of jalap.

**Thread-worms** are another common form of worms, chiefly met with in children. They infest the lower part of the alimentary canal, and cause a great deal of itching of the seat. Irritation of the nose is often a common sign of the presence of these worms in children. To get rid of them, a strong solution of common salt injected up the rectum is all that is necessary. Medicines are powerless.

**WOUNDS.** Wounds are divided into, first, those that are "clean-cut," or *incised*; secondly, those accompanied with more or less bruising of the surrounding tissues, called *lacerated*; and thirdly, *punctured* wounds.

There are three symptoms, or conditions, attendant on all kinds. First, there is pain. The pain of an incised wound is of a lancinating character, while that of a lacerated wound is more of a dull kind. Then there is more or less bleeding. Incised wounds

bleed more freely than lacerated wounds. Lastly, there is a parting asunder of the tissues. In an incised wound there is a gap left, with the sides standing apart; in lacerated wounds there is a general destruction of the tissues involved.

In the treatment of a wound, we have first to arrest all hæmorrhage (see **Hæmorrhage**). In the second place, the wound must be cleaned out with water and carbolic acid (one in forty), and all foreign bodies carefully removed. Lastly, we have to place the parts in apposition, so as to promote healing. In the case of an incised wound, the edges are brought as closely together as possible, and then kept in position by a bandage or some strips of adhesive plaster. In a lacerated wound, a pad of lint soaked in carbolic lotion, or some disinfectant, should be placed over it, and then a bandage applied. It is necessary that lacerated wounds should be kept scrupulously clean, and they should be washed twice a day at least with some antiseptic. In punctured wounds, a pad of lint is placed over the puncture, and kept there by means of a bandage; it should be changed every day, to see that there are no discharges welling up at the bottom of the wound. It is often necessary for the surgeon to turn a punctured wound into an incised one, by cutting down on it, and opening it up.

A knowledge of bandaging is indispensable to nurses, and to all who desire to be able to succour the wounded. The aim of bandaging is to keep dressings or splints in their place, or to give support to injured parts, and any

application, however rough-and-ready, that effects that object, may be called a bandage. But in practice it has been found that certain modes of application afford the easiest and safest way of bandaging; or, in other words, bandaging has become an art. To acquire this art experience is necessary, and more can be learnt in an hour's practical demonstration from a proficient in bandaging, than from several days' study of the subject as described in books. Those, then, who really wish to understand the art of bandaging, should seek an opportunity of getting a lesson from someone who knows how to bandage, and should practise it on the arms and legs of their brothers and sisters, or any fit subject. Bandages are made of various materials, of which calico, bleached or unbleached, is the commonest.

**The Roller Bandage.** For dressing wounds and fractures in hospitals, and where time is not so much an object, bandages are used in the form of "rollers," so called from their being rolled up on themselves. They are of different widths, to suit different limbs, and to apply them skilfully requires a good deal of care and training.

In hospital practice, and, indeed, in nearly all surgical work apart from "first-aid" assistance, the roller bandage is used. These bandages vary in length from 4yds. to 6yds. Their width, also, varies according to the part to which they are meant to be applied. For the upper limb and head the width is generally 2½ in. A 3½ in. width is found most useful for bandaging the leg;

while for the body, the width is usually lin. more. By far the commonest form of bandage is the "single-headed" roller (Fig. 17). The "double-headed" (Fig. 18) is also useful, and is chiefly applied to form an intricate bandage to the head, where the "skull-cap," manufactured out of a triangular bandage, answers just as well. We will simply speak of the single-headed roller.

In applying a roller bandage, it is important to remember that



FIG. 17. SINGLE-HEADED ROLLER BANDAGE.

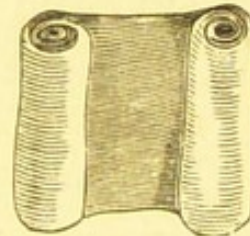


FIG. 18. DOUBLE-HEADED ROLLER BANDAGE.

the pressure exercised by it must be uniform all through its course—that is to say, it must not be tight at one part and loose at another. A roller is applied to a limb in a set of ascending spiral turns, commencing from the hand or the foot, as the case may be. The bandage should be held lightly between the finger and thumb of the right hand, and unwound in the position shown at Fig. 17. It should be applied in a direction from the inside of the limb to the outside,

and a turn or two should first be made at the lower part of the point of application, to fix the

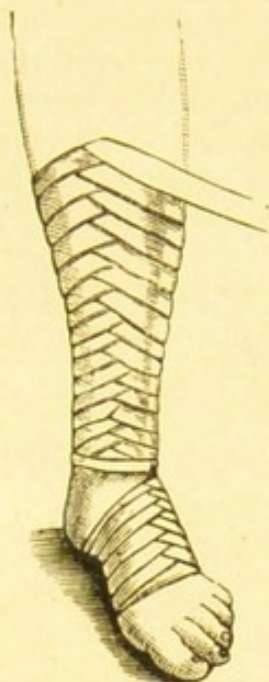


FIG. 19. ROLLER BANDAGE APPLIED TO FOOT AND LEG, SHOWING REVERSING AND FIGURE OF 8.

bandage, after which it is taken up the limb in a set of spiral turns, each one overlapping the lower. This is all that is neces-

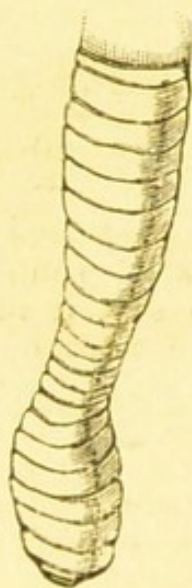


FIG. 20. ROLLER BANDAGE APPLIED TO ARM AND HAND IN FIGURE OF 8.

sary when the limb is of a uniform thickness throughout; but in parts like the calf of the leg, a simple

spiral bandage would not keep in place. In such parts, where the diameter of the limb increases quickly, an operation known as "reversing" the bandage is practised. This is effected by placing the thumb of the hand unoccupied with the bandage on the lower part of the last spiral turn, at the outer part of the limb, and then turning or reversing the bandage over it. The effect is seen in Fig. 19, where the last turn has just been reversed.



FIG. 21. ROLLER BANDAGE APPLIED TO THE BODY FOR FRACTURED RIBS, &C.

Another modification of bandage-turn is the "Figure of 8," which is described by its name; it consists in alternately changing the direction of the spiral from upwards to downwards. It is sometimes used for the same purpose as the "reverse," but is generally employed when a joint—as the elbow, or ankle, or knee—has to be bandaged. The simple "Figure of 8" is shown at Fig. 19 over the ankle, and Fig. 20 shows an arm bandaged from the fingers, with "Figures of 8" through

all its extent. When the bandage is on, little difference is seen between the two styles, but the "reverse" is the more economical style of bandage.

The application of the roller to the body is simple. Commencing low down, the bandage is simply rolled round and round the body,

(B A and A C) are the *side borders*. Further, the apex of the triangle (A) is called the *point*, and the other two corners are called the *ends*. The bandage can be folded for use in two ways—a broad and a narrow. To make the broad-folded bandage, spread it out, carry

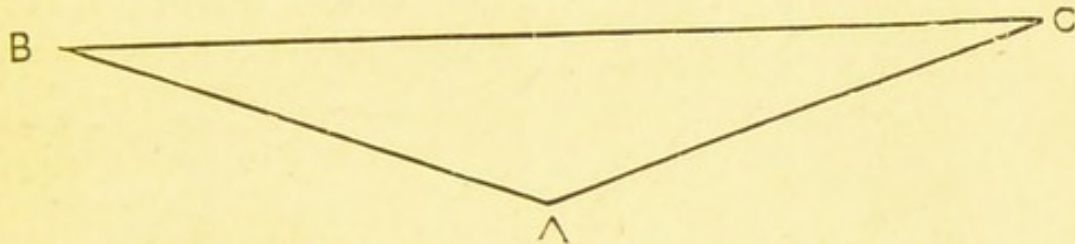


FIG. 22. TRIANGULAR BANDAGE.

each turn overlapping the one below it, without any reverses (see Fig. 21).

### The Triangular Bandage.

For "first-aid" purposes, however, such as for accidents in the street and for wounds on the field-of-battle, the roller bandage has been superseded by the "triangular," which has the advantages of portability, and being easily, quickly, and efficiently applied to any part and for any purpose. It can be made out of any piece of calico, lyd. square, by simply cutting it in two diagonally. Triangular bandages, ready-made, with drawings on them showing all the different applications, can be obtained from the St.

John's Ambulance Association. In cases of great emergency, a useful bandage can also be improvised out of a scarf or a pocket-handkerchief.

For purposes of description the longest side of the bandage (B C, Fig. 22) is called the *lower border*; while the two other sides

the point over to the centre of the lower border, and fold it lengthways twice. The narrow-folded bandage is made in the same way, except that it is folded lengthways three times instead of twice. When the bandage is applied it may be kept in its place by fastening it with pins,

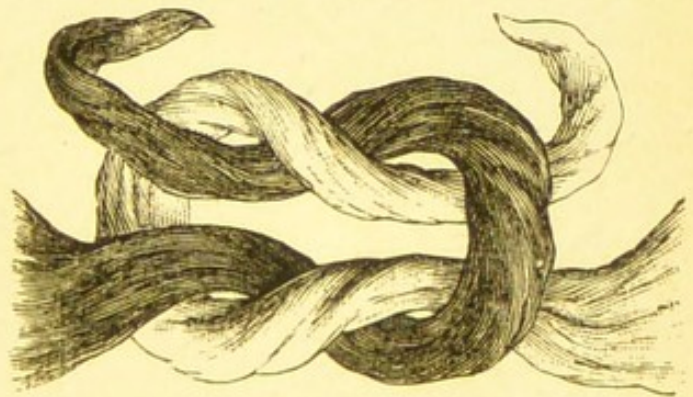


FIG. 23. REEF-KNOT.

or by tying it in a reef-knot. This knot never slips, and a little practice ensures readiness in tying it. The secret of the safety of the reef-knot consists in the fact that both of the ends pass either over or under the corresponding loops (Fig. 23). To make a reef-knot, lay down the ends after

tying the first loop, and then take up each end by a different hand from that which held it before, and tie the second loop.



FIG. 24. TRIANGULAR BANDAGE APPLIED TO THE JAW.

For a wound in the forehead, or back or side of the head, the narrow-folded bandage should be used. The centre of the bandage should be laid over the wound, and the ends carried backwards, and crossed at the opposite side, after which they are to be carried forwards again, and tied in front. For the side of



FIG. 25. BACK VIEW OF SCALP-BANDAGE.

the face, or the jaw, the narrow-folded bandage is again used. The centre is placed under the chin,

and the ends are carried to the top of the head, where they are tied (Fig. 24). For scalp wounds, or to keep dressings on the top of the head, the bandage is applied in the form of a kind of skull-cap. First of all, the lower border is folded lengthways, so as to form a plait  $1\frac{1}{2}$  in. wide. The middle of the bandage is then placed on the top of the head, so that the point

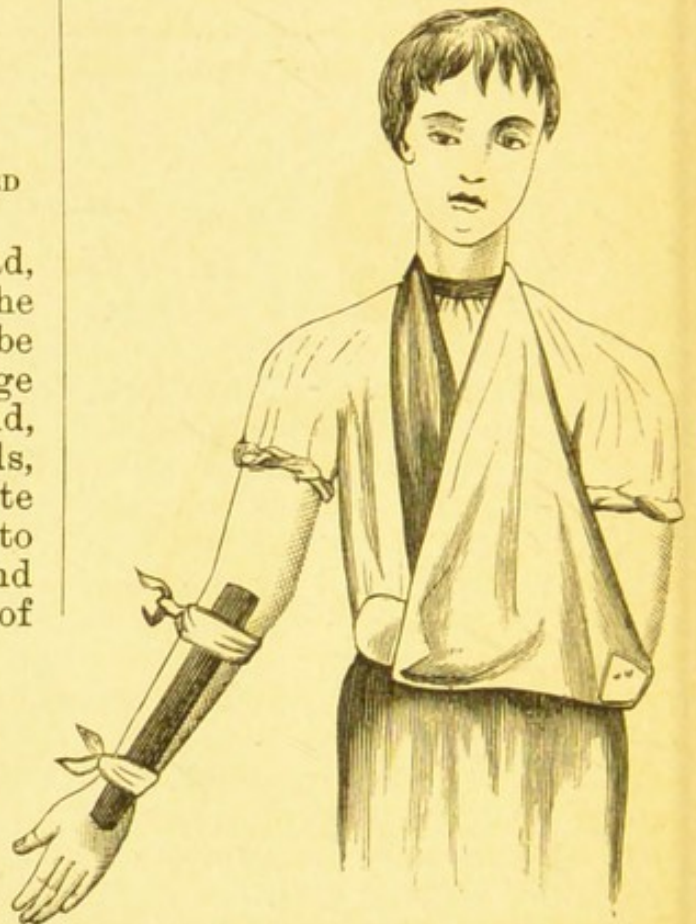


FIG. 26. SLING FOR FRACTURED FOREARM.

falls over the nape of the neck. The ends are then carried back above the ears, crossed at the back of the head, and then carried forwards again, and tied over the forehead. The point is then drawn well down, turned up over the bandage, and fastened with a pin (Fig. 25).

When one of the upper extremities is wounded, in addition to the bandage at the injured part

itself, support has to be given to the whole limb, and this is done by means of a sling. There are two kinds of slings—the large and the small. The large sling (Fig. 26) is used for injuries to the forearm, and the small one for those of the arm. The small sling is made as follows: One end of a broad-folded bandage is laid across the shoulder of the wounded side, and drawn round the back of the neck till it rests on the opposite shoulder. The forearm is then bent, and

tied to the other end at the nape of the neck. The point is then drawn round the front of the elbow, and made fast with a pin. In the large arm-sling, then, the elbow is included, while in the small one it is left free. Again, in the small sling the end is first laid across the shoulder of the wounded side, while in the large sling it is carried first to the opposite shoulder.

To bandage the shoulder, a



FIG. 27. TRIANGULAR BANDAGE APPLIED TO KEEP DRESSINGS ON SHOULDER.

laid across the bandage. The other end of the bandage is then carried up to meet the end at the sound shoulder, and the two ends are tied in a reef-knot. In making a large arm-sling, the bandage is not folded at all, but spread open. One end is thrown over the *sound* shoulder, while the point of the bandage is carried well behind the elbow on the wounded side. The arm is then carefully laid across the bandage, and the lower end drawn over the shoulder, and



FIG. 28. BODY BANDAGE FROM THE FRONT.

bandage should be used spread open. It is to be laid over the shoulder with the point lying up the side of the neck, and the lower border over the centre of the arm. The ends are then to be crossed round the inside of the arm, and tied on the outside. A small sling should then be applied to the arm, and the point of the shoulder-bandage is to be drawn under the sling, folded back, and fastened in position with a pin (Fig. 27).



For wounds of the limbs, a broad-folded bandage is taken, and placed over the wound, while the ends are crossed, and tied on the other side.

The triangular bandage may also be applied to the chest. This may be either as an extempore appliance for fractured ribs, or to keep a poultice or other dressing in place. The bandage may be applied either to the front or to

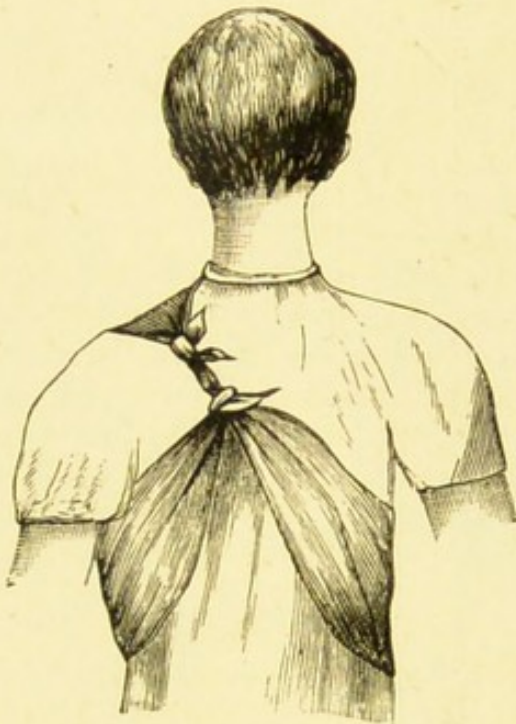


FIG. 29. THE TRIANGULAR BANDAGE APPLIED FOR FRACTURED RIBS, OR FOR ANY OTHER PURPOSE, ROUND THE BODY.

the back of the chest, and the same description will do for both. Our illustrations (Figs. 28 and 39) represent a bandage applied to the front. The broad-folded bandage is placed over the chest, with the point hanging over the shoulder. The sides of the bandage are brought round the body, and the ends tied behind, on the same side as the point is. One end is left longer than the

other, and it is then drawn up and tied to the point.

To bandage the hand, the bandage is spread out, and the wrist placed on the lower border, with the point lying beyond the fingers (Fig. 30). The point is turned back, round the fingers, to the back of the wrist. The ends are then brought round the wrist, so as to fix the point, and tied.

For the foot, a spread-out bandage is also used, and the sole is placed on its centre, while the

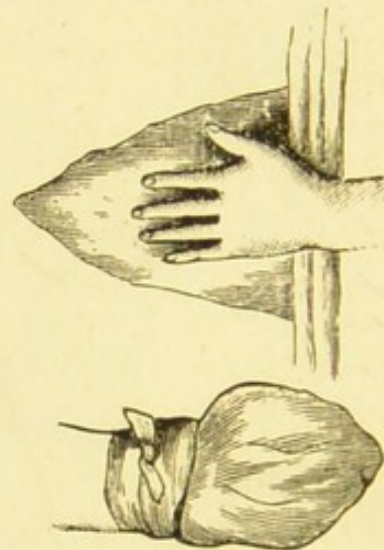


FIG. 30. BANDAGE FOR PALM OF THE HAND.

point is turned up over the toes, in the same way as the hand is bandaged. The ends are then brought across the instep, and carried round the ankle, where they are tied.

To apply a dressing to the hip, two bandages are required. One is folded narrow, and tied across the lower part of the body, like a waistband. The other bandage, folded broad, is placed over the hip, with the apex pointing upwards. The point is then fixed to the bandage round the waist,

while the ends are carried round the hip, and tied.

**WRIST-DROP.** See Plumbism.

**WRITERS' CRAMP** (*Scriveners' Palsy*). This is an affection of the muscles of the fingers and hand, which attacks chiefly, as its name implies, those who have much to do with writing. It comes on gradually, the muscles which guide the pen becoming tremulous, till at last the patient is unable to write at all.

The only treatment that seems to have any effect is electricity, and that often fails. Instruments of various kinds are made to overcome the deformity. The use of type-writing machines, which are so much in vogue now, should be had resort to in cramp cases: the rest thus obtained to the diseased muscles will help to effect a cure.

**WRY-NECK.** This is a condition, met with in adults, which comes on insidiously, and ends in the paralysis of some of the muscles of the neck, owing to which the head is twisted to one side, and drawn down to the shoulder.

Tonics are required, such as quinine and bark. Quinine 8 grains, dilute sulphuric acid  $\frac{1}{2}$  drachm, compound tincture of bark 2 drachms, and water 6 ounces; two tablespoonfuls three times a day.\* Sometimes the application of the electric current alleviates the condition. In other cases, the operation of tenotomy is followed by success. But in

many cases it resists all modes of treatment.

**XERODERMA.** See Ichthyosis.

**YELLOW FEVER** (*Black Vomit*). Yellow fever is a highly contagious disease, confined chiefly to the West Indies, though it occasionally breaks out in the Old World. It is very fatal. The contagium is given off by the breath and the secretions.

The *latent* period of yellow fever is about *eight* days, and the *invasion* is marked with symptoms of general feverishness. In addition, there are redness of the eyes, severe headache, pains in the loins, and vomiting. The vomit is at first clear, but in the course of a day or two it becomes mixed with blood, and associated with this is a good deal of pain in the stomach. The motions are also stained with blood. Jaundice soon supervenes, and delirium and brain complications come on. The *fifth* day after invasion is the critical one, and even if the patient survive he has to be nursed with great care during convalescence. Death usually occurs from collapse from the bleeding, and may take place at any stage in the disease.

In a case of yellow fever, the patient ought to be isolated in a well-ventilated room. The diet should consist chiefly of milk, and soda-water and barley-water. The medicinal treatment is chiefly directed to the symptoms, and as the vomiting is the most persistent of these, a tablespoonful\* of the

\* For doses for Children, see Introduction.

following mixture may be given every four hours: Solution of citrate of bismuth, 1 drachm; spirits of chloroform, 1 drachm; dilute prussic acid, 6 drops; lime-water, 1 ounce; and water to 6 ounces. Stimulants should be given with the greatest caution, on account of the state of the stomach, the best stimu-

lant to use being champagne-and-ice.

**YELLOW FEVER, MALARIOUS.** *See Ague.*

**YELLOW.** *See Jaundice.*

**ZONA.** *See Herpes.*

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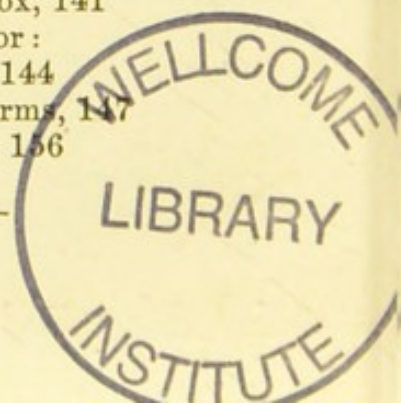
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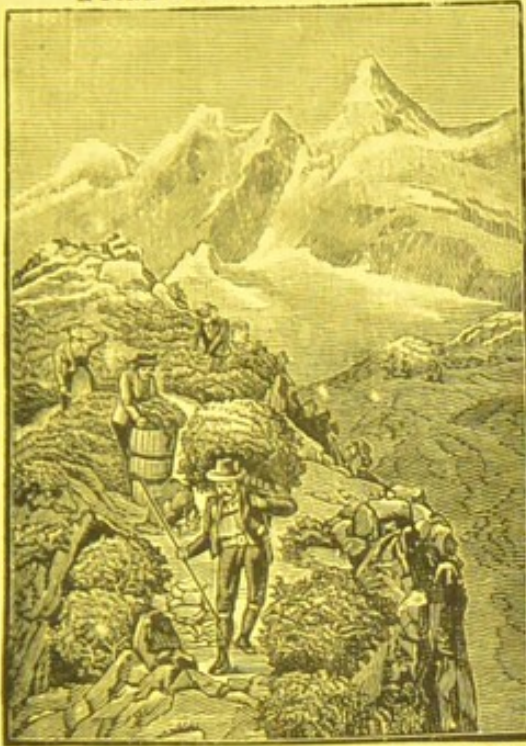
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In Bottles, 1s. 6d. and 2s. 6d. each.

## PUMILINE OINTMENT.

For all Skin Affections, irritations, insect bites, burns, &c.

This ointment is a fine, smooth, homogeneous application. It gives immediate relief in the intolerable itching of Eczema, &c. It is unrivalled both as a medicinal agent and toilet requisite. Used with special benefit in Massage.

In Pots, 1s. 1½d. and 2s. 9d.

## PUMILINE DRY INHALER.

Most effective and convenient pocket inhaler for use in Throat or Lung Troubles. Is invaluable for use during a fog or mist.

Complete, with vial of Pumiline Essence, 1s. 6d.

## PUMILINE JUJUBES.

For Sore Throat, Cough, Hoarseness, &c., they give immediate relief.

In Boxes, 1s. 1½d. and 2s. 3d. each.

## PUMILINE EXTRACT.

Dissolved in a hot or cold bath, it proves of great benefit in Rheumatism and Skin Disease. Is most invigorating and refreshing, and of special value for Anæmic Women Convalescents, and Sick, or Weak Children.

In Bottles, 1s. each.

## PUMILINE LINIMENT.

Specially beneficial for use in Chronic Rheumatism, Gout, Lumbago, Sciatica, &c. It is also invaluable for Throat and Chest Affections, and may be taken internally in doses of 2 to 5 drops.

In Bottles, 1s. 1½d. and 2s. 9d. each.

## PUMILINE PLASTER.

Is most effective in Chronic and Muscular Rheumatism, Lumbago, Sciatica, and also for Chest Affections.

In tins, 1s. 1½d. each.

## PUMILINE SOAP.

Is a carefully neutralised superfatted soap, containing no free alkali, and is a Lubricant instead of desiccant to the skin. It is peculiarly adapted for use to the delicate skin of ladies and children. It leaves the skin smooth and satiny, and beautifies the complexion. The Pumiline Essence which it contains, gives the skin a healthy functional activity.

In Tablets, 6d. and 1s. each.

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