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THE  
**DISEASES OF INFANTS AND CHILDREN**

AND THEIR

HOMŒOPATHIC AND GENERAL TREATMENT.

BY

*Edward*  
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AND BERKSHIRE HOMŒOPATHIC DISPENSARY.

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SIXTH EDITION, REVISED AND IMPROVED.

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LONDON:

THE HOMŒOPATHIC PUBLISHING COMPANY,

12, WARWICK LANE, PATERNOSTER ROW.

NEW YORK AND PHILADELPHIA: BOERICKE AND TAFEL.

AND ALL HOMŒOPATHIC CHEMISTS AND BOOKSELLERS.

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1899.

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## PREFACE TO THE FIRST EDITION.

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REEL. 1-2-42.  
289  
AFTER long but unavoidable delay this Manual on children's diseases is sent forth on its errand. It makes no pretensions to be an exhaustive treatise, to write which the author has not had sufficient time at his disposal ; it is simply a practical contribution to the alleviation and cure of those diseases which are of most frequent and fatal occurrence. The book is intended to be a companion-volume to "The Lady's Manual of Homœopathic Treatment." Taken together, they deal with subjects of the highest importance to individuals, to families, and to the community at large. From healthy mothers and a healthy progeny—sound in mind and body—we may expect future generations of healthy men and women.

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

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



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

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

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

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

E. H. RUDDOCK.

## PREFACE TO THE FIFTH EDITION.

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IN the edition of this Manual, first published after the lamented death of Dr. Ruddock, some alterations and additions were made by Dr. Lade, who had rendered considerable help to the author in the original preparation of the work ; most of the notes with his initials G. L. appended have been retained. For the present Edition the publishers are indebted to Dr. John H. Clarke, Physician to the London Homœopathic Hospital, who has endeavoured to bring the work fully abreast with the times. The whole of the Manual has been carefully revised, numerous additions made, and new improvements in treatment have been taken account of. A new section on German measles has been added ; and an Appendix calling attention to the necessity in some cases of commencing the treatment of children before their birth. The Glossary has been enlarged ; and every care taken to make the work as practical and available as possible. It is hoped that the new edition will prove in every way worthy of the preceding ones, which have already met with such a hearty reception from the public.

## NOTE ON THE SIXTH EDITION.

IN presenting a new edition of this Manual, the publishers have thought it inadvisable to make any radical alteration. The work has been carefully read and corrections made where necessary, but in all its essentials the book will be found identical with its immediate predecessor.

12, *Warwick Lane, London.*



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\* For an explanation of scientific terms the reader is referred to the *Glossary*,  
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# THE DISEASES OF INFANTS AND CHILDREN.

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## PART I. *INTRODUCTORY.*

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### CHAPTER I. THE MEDICINES.

#### 1.—**Medicines Recommended for Children.**

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

**Active .  
Circulation.**

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

**Prompt  
Administration.**

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



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

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

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

**Forms of Medicines.** The medicines used in homœopathic practice are prepared in different forms—*Globules, Pilules, Tinctures, and Triturations*. Globules are now almost wholly superseded by Pilules; and Triturations are seldom used except in professional practice. A description of the different forms may be found in *The Stepping-stone to Homœopathy and Health*, pp. 63, 65 (210th thousand); and in the *Vade Mecum of Modern Medicine and Surgery* (105th thousand).

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

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



	NAME.	ABBREVIATION.	ATTENUATION.
40.	Guaiacum . . . . .	<i>Guaia.</i>	1
41.	Hamamelis Virginica . . . . .	<i>Ham.</i>	1
42.	Helleborus Niger . . . . .	<i>Hell.</i>	3x
43.	Hepar Sulphuris Calcareum . . . . .	<i>Hep.-S.</i>	3x
44.	Hyoscyamus Niger . . . . .	<i>Hyos.</i>	3x
45.	Ignatia Amara . . . . .	<i>Ign.</i>	3x
46.	Iodium . . . . .	<i>Iod.</i>	3x
47.	Ipecacuanha . . . . .	<i>Ipec.</i>	3x
48.	Iris Versicolor . . . . .	<i>Iris.</i>	1
49.	Kali Hydriodicum . . . . .	<i>K.-Hyd.</i>	3x
50.	Kreasotum . . . . .	<i>Kreas.</i>	3x
51.	Lathyrus Satious . . . . .	<i>Lath.-S.</i>	3
52.	Mercurius Biniodatus . . . . .	<i>Merc.-Bin.</i>	3x
53.	„ Iodatus . . . . .	<i>Merc.-Iod.</i>	2x
54.	„ Corrosivus . . . . .	<i>Merc.-Cor.</i>	3x
55.	„ Cyanatus . . . . .	<i>Merc.-Cyan.</i>	6
56.	„ Solubilis . . . . .	<i>Merc.-Sol.</i>	3x and 6x
57.	Nux Vomica . . . . .	<i>Nux.-V.</i>	3x
58.	Opium . . . . .	<i>Opi.</i>	3x
59.	Phosphorus . . . . .	<i>Phos.</i>	3
60.	Plantago . . . . .	<i>Plant.</i>	3
61.	Podophyllum Peltatum . . . . .	<i>Podoph.</i>	1x
62.	Pulsatilla Nigricans . . . . .	<i>Puls.</i>	3x
63.	Plumbum Aceticum . . . . .	<i>Plumb.-Ac.</i>	3
64.	Rhus Toxicodendron . . . . .	<i>Rhus.</i>	3x
65.	Rheum . . . . .	<i>Rheum.</i>	1
66.	Silicea . . . . .	<i>Sil.</i>	6
67.	Spongia Tosta . . . . .	<i>Spong.</i>	3x
68.	Stramonium . . . . .	<i>Stram.</i>	3
69.	Staphysagria . . . . .	<i>Staph.</i>	3x
70.	Sulphur . . . . .	<i>Sulph.</i>	3
71.	Veratrum Album . . . . .	<i>Verat.-A.</i>	3x
72.	„ Viride . . . . .	<i>Verat.-V.</i>	3x
73.	Zincum . . . . .	<i>Zinc.</i>	5

Camphor (Rubini's Tincture, or Camphor Pilules) should also be procured, but kept separate from the rest.

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

**Arnica, Calendula, Cantharis, and Rhus Toxicodendron.**

### THE TWENTY-FOUR CHIEF REMEDIES.

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

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

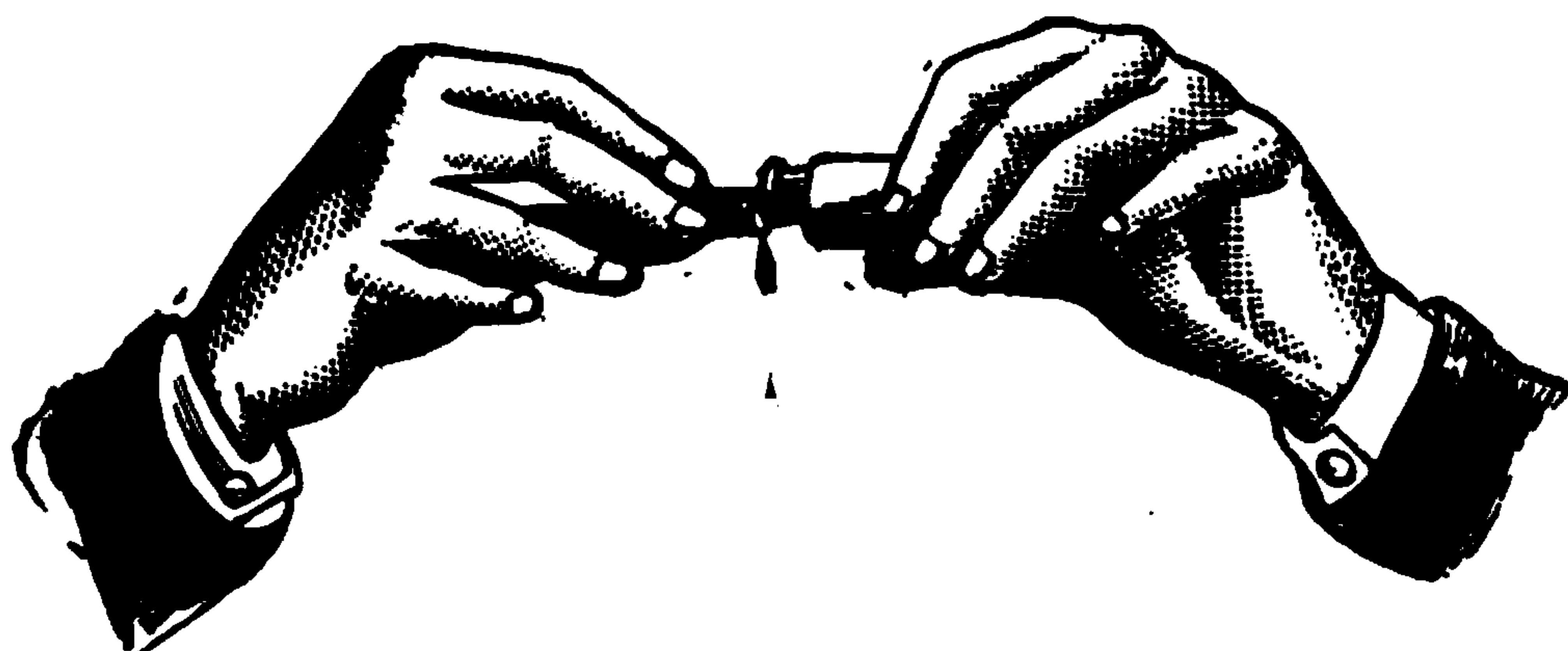
If the foregoing remedies are kept in Pilules or Globules the attenuation of some of them must be slightly modified, according to the discretion of a qualified Homœopathic chemist.



### 3.—Directions respecting the Medicines.

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

If tinctures are used, a little practice is necessary to drop them with accuracy. Before removing the cork,



invert the bottle so as to wet the end of the cork. The required quantity should be dropped into the bottom of a glass by holding the bottle in an oblique manner, with the lip resting against the middle of the end of the cork (see illustration), when the tincture will descend and drop



from the lower edge of the cork ; or a piece of solid glass, about  $\frac{1}{8}$  of an inch diameter, bent at a right angle, and



introduced into the bottle, will so enable the most timid to drop the tinctures with exactness.\*

Water, in the proportion of a dessert-spoonful to a drop, should then be poured upon the medicine. For infants who object to cold water, the spoon may be warmed by dipping it in hot water, and then the medicine added to about half a teaspoonful of water. The vessel should be scrupulously clean, and, if the mixture has to stand some time after being made, it should be covered over with a saucer or sheet of notepaper. The spoon should be always wiped after being used, and put away in a clean place till again required. Fine glazed earthenware or glass spoons are the best for this purpose. If the medicine has to be kept several days, cold boiled water should be employed, and the mixture put into a *new* bottle, particular care being taken that the cork is new and sound. To protect the medicines from light and dust, and to distinguish them from other liquids, graduated earthenware medicine-cups, with covers, specially made for this purpose, are the best, and may be procured of any homœopathic chemist.

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

THE DOSE.—In determining the quantity and strength of doses, several circumstances require consideration, such as age, sex, habits, nature of the disease, organ involved, and susceptibility to the medicine. As before stated, the circulation of children is quicker than that of

\* Drop Conductors for the above purpose can be obtained of the Homœopathic Chemists.



adults, and the nervous system more impressible; the dose has therefore to be regulated by these peculiarities.

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

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

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

REPETITION OF DOSES.—In this matter we must be guided by the acute or chronic character of the malady, the urgency and danger of the symptoms, and the effects produced by the medicines. In violent and acute diseases, such as Croup, Convulsions, etc., the remedies may be repeated every fifteen, twenty, or thirty minutes; in less urgent cases, every two, three, or four hours. In chronic maladies the medicine may be administered every six, twelve, or twenty-four hours. In all cases when improvement takes place, the medicine should be taken less frequently, and gradually relinquished.

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## CHAPTER II.

### GENERAL DIRECTIONS FOR THE MANAGEMENT OF INFANTS.

BEFORE commencing a description of the most common diseases of infants and children, we think it necessary to offer some general instructions on the management of early infancy, touching on points which may appear to





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

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

\* Common scented soaps should be carefully avoided; a glycerine soap or the common primrose coloured are the best.

† See also "Ruptured Navel," Chapter VI.



**Presenting  
the Infant to  
the Breast.**

As soon as the mother has somewhat recovered from the exhaustion of labour, the infant should be put to the breast.

The application of the child to the maternal font at once often prevents, or much diminishes, the disturbances incident to the coming of the milk; it also tends to appease the wants of the infant, and enables it better to grasp the nipple than when the breast is over-distended or hard with the milk; further, by its favouring contraction of the womb of the mother, the probability of secondary uterine hæmorrhage, and also the chance of what is called “Milk Fever,” will be much lessened.

*Immediately* after being dressed, the infant should be laid in its mother’s bosom, and not, as is too often the case, placed by itself in a cradle, where it is in danger of being too cold. As a general rule, for the first few days it should sleep in the same bed with its mother, especially during cold weather; afterwards it should sleep in a cradle or cot.

**Milk in the  
Breasts the  
First Day.**

It is affirmed by some nurses that until the third day after labour the breasts contain no milk, and that a substitute—gruel or some other farinaceous preparation—is necessary. In the great majority of cases, milk, sufficient for all the requirements of the infant, is present on the first day, and the only thing necessary to be done is to apply the child’s mouth to the nipple. Should there be no milk at the moment, the suction of the infant, which is the natural mammary stimulant, will hasten the secretion; while, as we have elsewhere stated, the suction promotes the necessary



uterine contractions which are favourable to the mother. If, after repeated attempts, in eight or nine hours, there be no breast-drawn milk, the child may have, until the secretion be fairly established, cow's milk, diluted with warm water (two-thirds milk to one-third *warm water*), *without* the addition of sugar. The milk should not be boiled, nor should the water added to it be too hot; for in either case the albumen is liable to be coagulated, and the milk rendered less digestible. The administration of any kind of farinaceous food, sugar, butter, or *gin*, to the new-born infant is not only unnecessary, but is likely to prove of incalculable mischief. The Aylesbury Artificial Human Milk is an admirable substitute when nursing is impossible.

### 5.—Still-born Infants.

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

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

TREATMENT.—The first efforts to promote breathing are to be made before the navel-string is divided.\*

\* It is hardly necessary to say that whenever there is serious danger, and however careful and experienced the nurse may be, the services of a medical man should be secured without loss of time.



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

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

If these means are not successful, and pulsation has ceased in the navel-string, it should be divided as before directed, and the infant plunged into a warm bath, 98° Fahr., or what is agreeable to the back of the hand. If the sudden plunge does not excite breathing, it will be no use keeping the infant in the bath beyond a minute or two, and Dr. Marshall Hall's ready method may then be tried as follows:—

“Place the infant on its face; turn the body gently, but completely, *on the side and a little beyond*, and then on the face, alternately; repeating these measures de-



liberately, efficiently, and perseveringly, fifteen times in the minute only.”

## 6—Washing and Bathing.

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

### Cold Water Bathing.

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

### The Eyes.

The care of the eyes is a subject of such enormous importance that we must notice it a little more particularly. The following is from *The Prescriber*, by Dr. John H. Clarke:—



“Immediately after birth the nurse must wash the infant’s eyes with the greatest possible care, removing all traces of mucus. For this purpose a fine linen rag, dipped in clean water, may be used. Beginning at the outer corner, the eyelids are gently wiped from side to side, until all traces of mucus are removed, and the eyelids remain perfectly clean. Sponges must never be used. As soon as the child’s eyes are thus washed, cleaned, and dried, the nurse is to wash her own hands most carefully in water with which some carbolic acid, Condy’s fluid, or other disinfectant has been mixed. If in the first few days after birth signs of inflammation appear—redness, swelling, and sticking together of the lids—the greatest care must be taken. If from any reason the doctor cannot be in attendance immediately, the nurse must herself clean the eyes in the following manner:—A perfectly clean and very soft piece of linen is moistened with tepid water; any excess of water is then squeezed out. The muco-purulent discharge between the eyelids is wiped off very gently—without scrubbing or scratching; special attention being paid to the inner corner of the eyelid where the mucus particularly accumulates. After repeatedly rinsing the linen in clean water, the ball of the eye is gently raised by means of the thumb placed on the eyelid immediately above the lashes, but without making any undue pressure. The muco-purulent matter which escapes is removed with the rag as often as it appears. In the next place, the lower eyelid is drawn down with the forefinger, and also wiped with great care. If the eyelids stick together, they must be moistened with water until separation takes place without any effort. The water used in cleansing the eyes must be



perfectly pure ; no milk or soap is to be mixed with it. *Medical Treatment* :—*Argent. nit.* 3, 2h. ; after well washing, a drop of a solution of *Arg. nit.* (two grains to the ounce) to be introduced into the eye.” \*

### 7.—The Warm Bath.

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

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

### 8.—Clothing.

Besides adapting it to the season, the clothing should

\* See Chap. IV. of this work, p. 127.





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## 9.—Sleep.

**Child  
should sleep  
alone.**

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

**Amount of  
Sleep.**

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

**Regularity.**

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

**No Rocking.**

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

**Sleeping  
Medicines.**

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



mote sleep should ever be given except such as are prescribed in the section on "Sleeplessness."

**Ventilation.** Pure fresh air is of extreme importance to children during sleep. Nurseries should be as spacious and airy as possible. The practice of shutting bedroom doors is objectionable, if the children can be protected from draught. A great advantage to health is secured by separate night and day nurseries; but where this is impracticable, the children should be out of the nursery a great deal, and every opportunity seized for promoting ventilation, by opening doors and windows at all suitable times.

**Wall Papers.** Much harm is often done by arsenical wall papers; and the favourite nursery wall papers at the present day, with patterns illustrating nursery rhymes, generally contain arsenic. Distempered walls are the best for a nursery; and when papers are used they should be previously tested for arsenic. In all cases of unaccountable ill-health in the nursery, the walls as well as the drains should be looked to.

### 10.—Open-air Exercise.

Children require fresh air and sunlight as much as plants and flowers do; and as the latter are colourless and imperfect if excluded from direct sunshine, so children who live in places where light does not abundantly enter are pale and feeble. In fine weather, an infant over a month old should be taken out at least twice a day; the only precaution necessary being that it should be sufficiently clothed. In warm, sunny weather, the more it is in the open air the better, if care be observed



to protect the head from the hot sun. In short, a child should almost live out of doors during suitable weather. Plenty of exercise in the open air is necessary for the healthy development of the limbs and body generally. Suitable athletic games and exercises should form a part of the early education of all children, and these games and exercises should take place in the open air, except during inclement weather, when they may be carried out in spacious, well-ventilated rooms.

## 11.—Feeding.

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

### Breast Milk.

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

### No Additions.

When the mother enjoys good health, and has a sufficient quantity of milk, an infant requires and should have no other food but breast-milk until from the sixth to the ninth month. Even during the first day or two, the breast usually furnishes sufficient nourishment. The too-common practice of giving butter and sugar, gruel, etc., to a new-born babe, should be strictly interdicted as an uncalled-for act of cruelty. Should the formation of milk be unusually long delayed, a little new cow's milk (unboiled), diluted with an equal quantity of warm water, may be given until the function of the breast becomes established. For the



first five or six weeks the infant should be applied to the breast at regular intervals of two hours and a half during the day, and at long intervals, if possible, during the night; but after the first two or three weeks he should be accustomed to remain without food from about 11 p.m. to 5 a.m. It is important, too, that the infant should suck from each breast alternately. Regular habits of feeding may be soon acquired; it is a great mistake, and the cause of wind, colic, and other disorders, to give the infant the breast whenever it cries, or to let it be always sucking.

**Diet for  
a Nursing-  
Mother.**

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

**Regimen for  
Wet-Nurses.**

The regimen and diet of a wet-nurse should as nearly as possible resemble those she had been previously accustomed to. A woman of active habits and frugal diet is certain to suffer in her health if she suddenly relapses into a life of indoor idleness, and takes a too abundant supply of food, and an unusual quantity of ale or stout. She is better without either. A wet-nurse taken from industrial pursuits should continue to perform at least light duties, or take a large amount of regular open-air exercise. The use of stimulants is frequently most



injurious, and if taken to cause a good supply of milk may result in disappointment or debility, and bring on a host of evils from which the infant cannot escape.

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

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

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### CHAPTER III.

#### EXAMPLES OF DIETARY FOR HEALTHY CHILDREN, AT DIFFERENT AGES.\*

IN consequence of the vital importance of the diet of children, so furnishing materials for the maintenance of health, and for growth and development, we deem it necessary to give detailed examples of dietary adapted to infants and older children at ages when they are most likely to be improperly fed, and when the consequences of such feeding are sure to tell disastrously: namely, 1st, from birth to six months old; 2nd, from six to twelve months; 3rd, from twelve to eighteen months; and 4th, from eighteen months to two years, and up-

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



wards. As it is impossible to make one invariable rule applicable to the different constitutions and requirements of children, it is scarcely necessary to add that the quantities stated in the following arrangements are only approximative. But the amounts of farinaceous food stated will generally be found sufficient.

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

## 12.—For the First Six Months.

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

DIET 2.—For children brought up by hand, the Aylesbury Artificial Human Milk, or cow's milk, assimilated to human by dilution with water, and the addition of *Sugar-of-milk*, is the best substitute for maternal milk. One ounce of *Sugar-of-milk* dissolved in three-quarters of a pint of boiling water, and mixed,



as wanted, with an equal quantity of good new cow's milk,\* should be given from the feeding-bottle at the same intervals as recommended for maternal nursing.

**Feeding  
Bottles.**

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

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

DIET 3.—If from poverty or scantiness of the breast-milk, a combination of nursing and feeding is necessary, the breast should be given twice a day. For the other meals the child should be fed on the diluted Sugar-of-milk and unskimmed cow's milk, as prescribed in the previous paragraph ; or the artificial diet may consist of new cow's milk diluted with about one-third of warm water, so as to bring the temperature to that of breast-

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





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

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

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

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



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

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

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

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

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

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

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

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

† BEEF-TEA may be made in the following way: Put half a pound (or a pound, according to the strength required) of rump steak, cut up into small pieces, into a covered enamelled saucepan with one pint of cold water. Let this stand in a cold or cool place for four or five hours, and then by the side of a fire till the temperature should approach but not reach the boiling-point. It is then fit for use.

The meat used should be *freshly-stain*, and divested beforehand of all fat or gristle; otherwise a greasy taste is given to the beef-tea, which cannot be afterwards removed by skimming. Only *enamelled* saucepans



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

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

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

#### **14.—From Twelve to Eighteen Months Old.**

DIET 7.—*First Meal, 7.30 a.m.*—A rusk or a slice of stale bread with a breakfast-cupful of new milk. The bread may be soaked in the milk; but if the child has teeth, it should be well masticated dry, and milk taken in sips. The teeth and gums are improved by proper employment. See the Section, “Decay of the Teeth,” p. 168.

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

*Third Meal, 1.30 p.m.*—A pudding like the one recommended for the third meal in *Diet 6*. Or, as a variety, a teacupful of good beef-tea (a pound of meat to the pint) or of beef-gravy, with rusk or stale bread. A good table-spoonful of light farinaceous pudding may follow the beef-tea.

should be used. In re-warming beef-tea which has been left to cool, care must be taken to warm it only up to the point at which it is to be served. On no account should it be allowed to boil.

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



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

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

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

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

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

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

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

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

*Second Meal, 1 p.m.*—A teaspoonful of baked flour; one teaspoonful of fine oatmeal; three-quarters of a pint of boiling milk; the yolk of an egg. The baked flour and the oatmeal should be beaten up till smooth with four table-spoonfuls of cold water; the milk and the yolk-of-egg (well beat) should then be added, and the mixture boiled till it thickens.



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

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

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

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

*Second Meal, 11 a.m.*—A cup of milk.

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

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

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

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

*Third Meal, 1.30 p.m.*—A breakfast-cupful of beef-tea (a pound of meat to the pint), containing a few well-boiled asparagus-heads, when in season, or a little stewed flower of broccoli. After the beef-tea a good table-spoonful of plain custard or farinaceous pudding.

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



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

BETWEEN THE AGES OF TWO AND THREE YEARS the same diets may be continued. Meat may, however, be now given every day, and a little well-stewed fruit, marmalade, etc., be occasionally added to the diet.

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



## PART II.

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

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#### CHAPTER I.

##### BLOOD DISEASES.

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

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

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





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

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

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

After a short time the pulse becomes very quick, often in children 120 to 140 in the minute. In about forty-



eight hours after the occurrence of these symptoms, the rash comes out, first on the breast, then on the neck, face, body, and over the great joints and limbs, till the whole body is covered with it.

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

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

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

\* Desquamation may be prevented (see note †, page 47).—G. L.



neck are very much swollen,\* the fever assumes a malignant character, and is attended with prostration so extreme, that the patient may sink in a few hours under its virulence.

For the chief differences between Scarlet fever and *Measles* see page 53. The differences between it and *Smallpox* are in the premonitory pain in the back and the pustular form of the eruption which characterises the latter.

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

#### INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

*Ailanthus Gland.*—*Malignant* Scarlatina, with purple

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



or nearly suppressed rash, foetid discharge from the nostrils, cracking at the angles of the mouth, etc. It should be given directly unfavourable symptoms are observed, and frequently repeated until improvement ensues. This is indicated by increase of the eruption, by its assuming a scarlet colour, and by diminished circulatory and nervous disturbances.

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

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

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

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

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

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

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

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

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

ADDITIONAL REMEDIES.—*Ant.-Tart.* (in the first stage, if attended with convulsions, cold sweat, difficult breath-



ing, or vomiting); *Bar.-Mur.* (swelling of glands); *Coffea* (restlessness and sleeplessness); *Cup.-Ab.* (sudden retrocession of the rash); *Dig.* (little urine, dropsical symptoms); *Hyos.* (restlessness and sleeplessness); *Kali Hyd.* (swelling of glands); and *Eupatorium*  $\phi$ , *Hydrastis*  $\phi$ , or *Nit.-Acid* 1x (as a gargle, in the proportion of ten drops of the medicine to a gill of water).

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

SECONDARY DISEASES (*Sequelæ*).—The following are the chief:—1. Inflammatory swelling of the glands of the neck, which in scrofulous children may attain a large size, suppurate, and the pus burrow under the muscles of the neck. *Merc.*, *Hepar S.*, and *Calc.*, are the chief remedies. 2. The inflammation of the throat may be extended along the *Eustachian tubes*, producing deafness by their obstruction, or by suppuration of the *tympanum*, or some other mischief of the ear. The remedies recommended are *Bell.*, *Merc.*, *Aurum*, or *Puls.* 3. But the most frequent and dangerous sequel is *Anasarca*, the treatment of which will be found in the following Section (pp. 50, 51).

Complete suppression of urine without dropsy is far from uncommon. It may last for several days, and

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



terminate either in the gradual resumption of the functions of the kidneys, or in blood-poisoning, sudden Convulsions, and death.

ACCESSORIES.—The patient should be placed in a separate room which can be so ventilated as to secure a copious and continual supply of *fresh air*; for the one means above all others which mitigates the virulence and infectiveness of Scarlet fever is ventilation. The room should be as free from furniture as possible. Curtains, carpets, and woollen stuffs should be removed. A fire is necessary in cold weather. Condry's fluid or carbolic acid should be freely used about the room; and a sheet across the open door, kept moist with the disinfectant, will purify the air for the patient, and lessen the infection through the house.\* Sponging the surface of the body with tepid water, piece by piece, moderates the great heat and allays restlessness, quiets delirium, lowers the pulse, and favours sleep.† A wet bandage to the throat, when it is affected, is a sovereign remedy, and seldom fails to relieve. It should be fastened both at the back of the neck and at the top of the head, so as to protect the glands

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

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



near the angles of the jaws. Inhalation of steam from hot water is useful when the throat is sore and painful. The *wet-pack*, especially at the commencement, is often most valuable, and it may be repeated several times, at a few hours' interval, as long as severe febrile symptoms continue; but it requires to be administered by an experienced person. When the eruption is slow in coming out, or is suddenly suppressed, the child should have a hot bath (see page 24) or be packed in a blanket wrung out of hot water. During convalescence, warm clothing, including flannel, is necessary; and subsequently a change of air, if possible to the seaside. The patient must not, however, go out too early, as secondary symptoms are of frequent occurrence from neglect of this precaution.

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

PREVENTIVE MEASURES.—1. *To be adopted by the unaffected*: During the prevalence of Scarlatina, a dose of *Belladonna* should be given, morning and night, to children who have not had the disease. The first or second dilution of the tincture is best for this purpose. Should the disease occur notwithstanding this treatment, its





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## 17.—Post-Scarlatinal Dropsy.

(*Acute Tubular Nephritis.*)

Homœopathists may rejoice in the fact that under homœopathic treatment this sequel of Scarlet fever is neither so frequent nor so intractable as in allopathic practice. It is, however, a grave affection, and demands all the care and attention of a skilful physician to secure a speedy favourable result.

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

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

*Apis.*—*Rapid general œdema*; pale colour of the skin;



scanty, high-coloured urine; swelling of the tonsils, difficulty of swallowing.

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

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

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

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

ADDITIONAL REMEDIES.—*Apocyn.-Can.*, *Digitalis*, *Ferrum*, *Helleborus*, and *Hepar Sulph*.

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

### 18.—Measles (*Rubeola-Morbilli*).

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

MODE OF PROPAGATION.—Infection. No susceptible



person can remain in the same room or house with an infected person without risk of taking the disease ; and it is almost impossible to isolate it in large establishments or schools. It is propagated, even after a considerable time has elapsed, by infected clothing, bedding, furniture, or wall-paper. Infection only ceases when the peeling off of the skin is quite complete, and when all the clothing and surroundings of the patient have been thoroughly disinfected. It is strongest during the eruptive stage, and especially at the early part of this stage.

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



The highest temperature, as tested by the clinical thermometer, in ordinary cases, is  $103^{\circ}$ ; if above this, the case is severe; if below, it is mild. This temperature is generally reached on the fifth day, after which it rapidly declines.

DIAGNOSIS.—Ginard calls attention to a most important symptom for the *diagnosis* of Measles in its *preliminary stage*, namely, *red spots on the soft palate, more especially on the uvula*, which appear *five or six days before* the eruption, *even if there is no other symptom* of the disease *perceptible*, and which *persist* until three or four days *after* the eruption is gone. Broussais and Valleix were fully aware of this most important diagnostic *signum morbi*. Schwarz of Vienna sets great value upon it for differential diagnosis. During the great epidemic of Measles in France in the year 1868 this sign was constantly observed by Bonnichon. Later authorities, however, do not lay any stress on this symptom. Niemeyer, Roberts, and Squire, in *Quain's Dictionary* (1883) make no mention of it.

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

### TABULAR DIFFERENCES BETWEEN MEASLES AND SCARLET FEVER.

MEASLES.	SCARLET FEVER.
1. Rash comes out on the <i>fourth day</i> .	1, Rash appears on the <i>second day</i> .
2. <i>Catarrhal</i> symptoms are prominent — watery discharge from the eyes and nose, sneezing, harsh cough, etc.	2, Catarrhal symptoms are usually absent, but there is great <i>heat of the skin, sore throat</i> , and sometimes <i>delirium</i> .
3. The rash begins near the <i>roots of the hair</i> .	3. The rash begins on the <i>neck and face</i> .
4. The rash is of a <i>pinkish-red</i> or	4. The eruption is of a <i>bright</i>



## MEASLES.

*raspberry colour*. The white streak produced by the back of the nail is not uniform, and lasts a shorter time than in Scarlet fever.

5. The eruption is somewhat *rough*, so as to be felt by passing the hand over the skin, and is in crescentic groups, with natural skin between.

6. Liquid, tender, *watery* eye.

7. The cuticle is thrown off in minute portions, like *fine scales of bran*.

8. The most common *sequelæ* are diseases of the *lungs, eyes, ears, and skin*.

## SCARLET FEVER.

*scarlet colour*, and by drawing the back of the nail over the skin a white streak is produced, which lasts two or three minutes.

5. The rash usually presents no *inequalities* to sight or touch, and is so minute and closely crowded, as to give the skin a *uniformly* red appearance.

6. A peculiar *brilliant stare*, as if the eyes were glistened.

7. Desquamation of the cuticle is usually in *large patches*, especially from the hands and feet.

8. The most frequent *sequelæ* are *dropsy*, especially after mild cases, and *glandular swellings*.

**DANGERS.**—Pneumonia, Bronchitis, Diphtheria, and inflammation of the larynx may arise during the course of the disease. Phthisis, Diphtheria, disease of the glands and bones, Chronic Ophthalmia, Otorrhœa, and skin diseases may follow the attack.

**TREATMENT.**—In the early stage *Acon.* should be given every two or three hours to subdue the fever. As soon as the symptoms peculiar to the disease manifest themselves, *Puls.* must be administered alone every two or three hours, or, if necessary, in alternation with the *Acon.* at intervals of two hours. The cough almost invariably attendant upon the disease may be mitigated by a dose or two of *Bell.* or *Hyos.* If the eye-symptoms are very troublesome, great smarting and intolerance of light, they should be bathed every few hours with a lotion of *Euphrasia*, in the proportion of a teaspoonful to a teacupful of water.

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

**REMEDIES.**—*Aconitum*.—Febrile symptoms at the



outset or during the progress of the disease. A dose every third or fourth hour.

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

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

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

*Euphrasia.*—May be called for when the discharge of tears is profuse.

*Gelseminum.*—Slow development or retrocession of the rash.

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

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

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

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

SECONDARY DISEASES.—Measles is often succeeded by diseases of the lungs, eyes, ears, bones, or some affection of the skin. These are often far more serious than the malady itself, and generally require professional treatment. They may often be prevented by the



administration of *Sulphur*, or other remedy indicated. Sequelæ are infrequent after homœopathic treatment. If, however, after the decline of the eruption, the patient retains a temperature above 100° F., some complicating disturbance may be suspected.

#### REMEDIES FOR THE SEQUELÆ.

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

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

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

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

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

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

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

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

ACCESSORIES.—When Measles occur before weaning, the infant may refuse to suck, in consequence of the closure of the nasal passages ; resort must then be had to artificial feeding with the spoon. *Cold* water, gum-





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**19.—German Measles** (*called also False Measles, Epidemic Ruoseola*—German : *Rötheln*).

This is an infectious eruptive fever, the rash appearing during the first day of the illness, beginning on the face in rose-red spots, extending the next day to the body and limbs, subsiding with the fever on the third day, and not preceded (as Measles is) by symptoms of cold in the head, or followed (as both Measles and Scarlatina are) by shedding of the superficial skin. The disease spreads by contagion. It only attacks the same person once ; but it does not protect those whom it attacks from either Scarlatina or Measles. It has a long period of incubation, usually a fortnight, but varying from seven to twenty-one days, usually its rash is the first thing noticed. There is headache, sore throat, swelling of the glands in the neck, and sharp fever. There are also, as a rule, slight catarrhal symptoms.

DIAGNOSIS.—The sudden onset of the disease distinguishes it from *Measles*, and the enlargement of the glands at the side of the neck. The appearance of the rash in distinct spots and on the face first, distinguishes it from *Scarlatina*, also the less severe sore throat, and the enlargement of the glands at the sides of the neck (and not at the angle of the jaw as in *Scarlatina*). From *Roseola* it is distinguished by its infectious character.

TREATMENT.—*Aconite* and *Belladonna* should be given every hour in alternation. The general treatment is the same as for Measles ; and the complications (which are very rare, the disease being attended with little danger) are to be treated, as they arise, in the same way as those of Measles and Scarlatina.



## 20.—Roseola—Scarlet Rash.

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

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

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

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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

*Aconitum*.—Simple scarlet rash with fever.

*Belladonna*.—When the throat symptoms are marked.

*Bryonia*.—Sudden disappearance of the eruption.



*Pulsatilla*.—Preponderance of catarrhal symptoms.

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

## 21.—Smallpox (*Variola*).

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

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

SYMPTOMS.—At first these are similar to those of most other fevers. There is lassitude, chilliness, heat, headache, a *thickly-furred white tongue*, a deep flush upon the face, a feeling of *bruised pain* all over the body, *but especially in the back and loins*, more or less pain or *tenderness at the pit of the stomach*, and sometimes vomiting. When the pain of the back and vomiting are

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



violent, they indicate a severe attack. On about the third day the eruption appears in the form of red spots, or small hard pimples, feeling like *shot in the skin*. It first comes out on the forehead and front of the wrists; then on the neck and breast; then gradually extends over the body.

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

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

DANGERS.—The more numerous and confluent the pustules, the greater the danger; the more perfect their maturity on the fourth day, the less the danger. The



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

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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

*Apis*.—Considerable *swelling of the face and eyelids*.



If the swelling be attended with *hoarseness*, and pain in swallowing, *Apis* and *Bell.* should be alternated.

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

*Coffea*.—Restlessness and *sleeplessness*.

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

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

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

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

ACCESSORIES.—The patient should be placed in a



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

Attention is especially necessary to be directed to the urinary organs of children of both sexes. It is not uncommon for boys with long prepuces to have retention of urine; the parts sometimes swelling excessively, so as to prevent its discharge. The genital organs of girls





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secondary fever, the diet should be chiefly milk and soda-water, gruel, plain, or simple yolks of eggs beaten up with cold milk, grapes, oranges, cooked fruits, etc. For drink, cold water, with or without the addition of raspberry-vinegar or currant-jelly ; toast-water, barley-water, lemonade, etc. Ordinary simple and *nutritious* diet may be taken in the absence of fever. But as the mucous membrane as well as the skin is affected, care must be taken not to irritate it.

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

## 22.—Vaccination—Cow-pox.

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

During the last fifty years, since its general use, it has probably saved more human lives (to say nothing of disfigurement, loss of sight, etc.) than all other remedies put together. It has fallen into disrepute in some quarters on account of the troublesome affections that have

\* See note \*, page 47, which is applicable to this disease.—G. L.



occasionally followed it. These, however, bear but a very small proportion to the number of cases in which no secondary effects appeared, and are not to be mentioned in comparison with the loathsomeness and fatality of Smallpox. Without doubt, in a few cases the communication of some other disorder has accompanied Vaccination, through the carelessness or ignorance of the vaccinator. But it is also unquestionable that in a great many cases it has only been the occasion, not the cause, of another disorder. Anything which sets up a temporary febrile condition may develop a latent disease; and as Vaccination is usually among the first disturbers of the system, it has borne the discredit of causing what it only stimulated. The occurrence of troublesome consequences only show that the vaccine should be administered by a careful and skilful practitioner, who should exercise his judgment so as to determine when the constitution of the child is in the strongest and most healthy state for bearing the disturbance.

Vaccination is advisable during the first three months of infancy, before dentition disturbs the system, the Vaccination Act (1898) making it compulsory within six months of the date of birth. If a child suffers from any disease which renders Vaccination undesirable, a medical certificate is necessary to postpone the operation. Three precautions should be observed:—1. The vaccine *lymph* used should be taken from a child free from Scrofula, Syphilis, and any other constitutional taint or tendency. 2. A *clean lancet* should be employed, and pure human or calf lymph, *unmixed with blood*, should be secured. 3. The matter should be inserted



in two or three places in one arm, just below the shoulder. A homœopathic surgeon will always be careful to use untainted lymph, and each practitioner has his own method of performing the operation.

On the dangers attending Vaccination and the treatment of its effects, Dr. J. C. Burnett's book, entitled *Vaccinosis, and its Cure by Thuja*, may be consulted, Also an article by Dr. Burnett in the *Homœopathic World*, vol. xx. p. 200 (May, 1885).

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

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

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



morning and night, for a few days, may prevent eruptions, Ophthalmia, or other affections that sometimes follow Vaccination.

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

### **23.—Chicken-pox.**

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

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

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



into yellow matter ; and in the rapid course of the complaint.

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

**INDICATIONS FOR THESE AND OTHER REMEDIES.**

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

*Ant.-Tart.*—Convulsions.

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

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

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

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

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

## **24.—Simple Fever (*Febricula*).**

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



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

**CAUSES.**—Suppressed perspiration, exposure to damp or cold, sudden changes of temperature, wearing damp clothes ; poor or insufficient diet, injuries, internal or external ; fatigue, etc. ; or it may be a modified variety of one of the forms of fever elsewhere described.

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

#### INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

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



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

*Camphor*.—Severe chills, with lassitude.

ACCESSORIES.—Quiet, repose in bed. Light bed-coverings. The warm bath (see p. 24), the hot foot bath, or the wet-pack. Water should be the principal beverage, in small repeated draughts ; it encourages perspiration, promotes the beneficial action of the bath or pack, and lessens thirst. As the fever declines, milk diet should precede more substantial food.

## 25.—Enteric Fever—Typhoid Fever—Infantile Remittent Fever.

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

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

*Predisposing*.—(1) Youth. Although Enteric fever may





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copious, liquid, and in advanced stages of the disease often contain altered blood.

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

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

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

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

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

DIAGNOSIS.—Enteric fever is sometimes mistaken for other diseases, especially for rapid Consumption. At the time of writing, a girl has just recovered under our care, who had been previously supposed to be sinking under acute Phthisis. In Phthisis, cough and dyspnoea appear earlier and are more severe than in Enteric fever. There are also present the stethoscopic signs of tubercle in the former disease. The typhoid rash and



enlargement of the spleen are absent from the consumptive patient. Further, Enteric fever may be mistaken for Meningitis (inflammation of the brain), Tubercular Peritonitis, and Typhus. A careful investigation of each case is necessary in order to form a correct diagnosis.

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

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

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

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

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



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

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

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

ACCESSORIES.—As in Smallpox and Scarlet fever, the ventilation of the apartment should be as thorough as open doors and windows and a good fire can make it, while the patient should be protected from draught and kept comfortably warm by additional blankets. Light and sound should be subdued. All unnecessary furniture, and every vessel that is not clean, should be removed. Vessels to receive the excretions should be ready prepared with some disinfectant freely employed, and afterwards removed immediately. A second bed or couch, to which the patient could be removed, affords relief and change of air immediately around his body.



But the recumbent posture must be maintained, even during early convalescence. Any violent or sudden movement might occasion a relapse. The linen, including blankets, should be frequently changed. The mouth may be often wiped out with a soft towel, wetted in the water which contains a little Condyl's fluid, to remove the *sordes* which gather there in low forms of fever. Frequent sponging with tepid or cold water or *vinegar and water*, drying quickly with a soft towel, is very refreshing and healthful. The body may be sponged piecemeal to avoid fatigue. Washing prevents *bedsores*; if these form, they should be protected by *Arnica* or *Calendula plaster*. In bad cases, a water or air bed may be necessary. In addition to sponging the abdomen, a *wet compress* is of great utility. It tends to diminish excessive diarrhoea, check the ulceration of the ileum, and avert perforation. During the early course of the fever the *wet-pack* is invaluable.

DIET.—At the commencement of the fever, pure water, toast-and-water, gum water sweetened (1 oz. gum arabic,  $\frac{1}{2}$  oz. loaf sugar, to one pint of hot water), soda-water, or lemonade is nearly all that will be required. Cold water lowers the temperature of the body, and aids the medical treatment. On account of the dry and shrivelled state of the tongue, the patient is often unable to relish or swallow any food. To lubricate the mucous membranes and stimulate the salivary glands, a little lemon-juice and water may be given a few minutes before the food. Everything taken into the stomach should be fluid or semi-fluid, until convalescence is established. Milk, arrowroot made with milk, blancmange of isinglass, corn-flour, or ground rice, yolk-of-egg beaten up



with a very little brandy, wine,\* or milk, cold beef-tea, and slightly thickened broths, are nutritious. Nourishment should be given with strict regularity, and frequently. During convalescence, food should only be allowed in great moderation, and never to the capacity of the appetite till the tongue is clean and moist, and the pulse and skin normal. Solids given too early have caused relapse. Change of air, when the child is able to walk, will prove serviceable in establishing his health.

## 26.—Diphtheria.

DEFINITION.—A contagious febrile disease in which there is exudation of lymph on the lining of the throat, especially the tonsils, soft palate, and upper part of the air-passages, attended with much general prostration, from blood-poisoning; the throat symptoms being secondary to the blood contamination. It is most important to distinctly recognise the fact that Diphtheria is a blood-disease; that the constitutional disturbances are the *primary* symptoms, and not *secondary* to the physical changes about the throat; and that, therefore, efforts should be made to deal with the whole systemic mischief, rather than to concentrate the attention on the tangible local effects.

CAUSES.—There is considerable doubt as to the origin of Diphtheria. It has prevailed at intervals for many years; but its peculiar features, as distinguished from

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



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

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

(2) *Malignant Diphtheria* is sometimes ushered in with severe fever; rigors, vomiting, or purging; *sudden great prostration and restlessness, anxious countenance*, small, feeble, rapid pulse—140 and upwards, etc. The gravity of the symptoms point to some overwhelming disease under which the system is labouring. The skin is hot, the face flushed, the throat sore, and the mucous mem-



brane bright red ; the tonsils are swollen, and grey or white patches of deposit appear on them, small at first, but gradually enlarging, so that one patch merges into another, forming a false membrane in the throat, rendering swallowing, and even breathing, difficult. In some cases the false membrane has been detached, and, after extreme efforts, ejected, presenting nearly an exact mould of the throat. The exudation of Diphtheria may be distinguished from a slough by its easily crumbling, by the facility with which it can often be detached, and by the surface from which it has been thrown off being red, but not ulcerated. The false membrane looks like dirty, wet wash-leather ; and between it and the true membrane an offensive bloody discharge exudes, imparting to the patient's breath a most repulsive odour. The glands of the neck are always enlarged, sometimes pain is felt in the ear, and there is generally stiffness of the neck. The disease is liable to extend rapidly, in consequence of the continuity of the lining membrane of the throat with the mouth, nose, windpipe, and even the air-tubes of the lungs. If the disease progresses, the patient passes into a stupor, and the difficulty of swallowing or breathing increases, till the false membrane is forcibly ejected. Sometimes death takes place unexpectedly from sudden failure of the heart's action, or the patient dies from suffocation, the exudation blocking up the air-tubes. But more frequently he sinks from exhaustion, similar to that which occurs in *Enteric fever*. But if a fatal termination do not follow, great and protracted debility ensues, and dangerous effects are often left behind ; among which a tendency to some peculiar forms of Paralysis is the most common.





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

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

#### INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

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

*Gelseminum.*—For resulting paralysis.

*Iodium.*—When the affection has spread to the wind-pipe, and produces symptoms of Croup.

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

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

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



*Merc.-Cyan.*—For pronounced Diphtheria; great depression; formation of false membranes.

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

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

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

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

FUMIGATION BY BURNING SULPHUR.—In the recent report of a Royal Commission on Diphtheria in Victoria, the value of *Sulphurous Acid*, administered in the gaseous form, is dwelt upon with great force, and we reproduce the recommendations here under the conviction that the results of this treatment will be highly satisfactory. The fumigation of patients is recommended to be carried out much in the same manner as that of fumigating infected clothes and rooms. If thoroughly and properly used, the Commission thinks it

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



will bring Diphtheria into the catalogue of Zymotic diseases, the treatment of which is thoroughly under the control of the profession. But in adopting it there must be no half-measures. By keeping the apartment filled with fumes of burning sulphur, which are more trustworthy than the spray of Sulphurous Acid, all risk of imperfect instruments is avoided, and it can be used with thorough effect in the case of children, without the desperate struggles and depressing effects which are so much deprecated by practitioners. The report strongly recommends every householder in Victoria to keep a supply of crude sulphur in the house, as its fumes are the most powerful disinfectant we possess; and in diseases of the throat and air passages threatening Diphtheria, it is a remedy which may be used on every occasion with the utmost benefit till medical aid can be obtained. Its extreme simplicity is a great recommendation, for all that is required is to sprinkle a small quantity of sulphur on a piece of burning wood, or a few live coals in a room, all the apertures of which are closed up, till the room is filled with the fumes.

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

**WARM BATHS.**—These are valuable accessories. The skin is hot and dry, the urine is often suppressed, the bowels confined, and thus the poison is retained in the system. Warm baths, and drinking freely of cold water,



often restore the functions of the skin, the bladder and the bowels.\*

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

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

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

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

PREVENTIVE MEASURES.—The cesspools should be emptied, and if too small or defective, new ones built. The house, water-closets, and local drainage should be thoroughly examined, and imperfections rectified; also, if necessary, chloride of zinc or of lime constantly kept therein, and thrown down the drains. All dust-holes

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



and accumulations of refuse should be cleared away; a plentiful supply of water kept in the house, and every room regularly well-cleaned, whitewashed, and thoroughly ventilated.\*

## 27.—Whooping-cough (*Pertussis*).

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

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

CAUSE AND MODE OF SPREADING.—A specific unknown poison which influences the mucous membrane of the bronchial tubes, producing enlargement of the absorbent glands at the root of the lungs, and consequent irritation of the branches of the *pneumo-gastric* nerve distributed to those parts. The poison is transmitted

\* See Preventive Measures, Section 2, page 49, which is applicable to Diphtheria.—G. L.



by the atmosphere and by infective clothing. It often follows Measles and Smallpox.

**SYMPTOMS.**—Whooping-cough usually commences as a Catarrh, with cough, which returns in fits at intervals. In about a week the cough recurs at shorter intervals, in paroxysms of extreme severity, the child turning red or almost black in the face, and appears as if choking, during which the lungs are emptied of air to the last degree, and then a long, sonorous inspiration, taken to refill them, constitutes the “hoop.”

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

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

**COMPLICATED WHOOPING-COUGH.**—Whooping-cough



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

If there exist any tendency to lung or mesenteric disease, Whooping-cough may hasten its invasion. It will be evident, therefore, that professional skill and examination are often necessary during the course of the disease.

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

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

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

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

*Drosera.*—Similar to *Cuprum*, but without convulsions.

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

**ADDITIONAL REMEDIES.**—*Ant.-Tart.* (Bronchitis, with





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

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

### 28.—Mumps (*Parotides*.)

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

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

SYMPTOMS.—At first there is a feeling of stiffness and soreness on moving the jaw, and the child complains of the discomfort of eating; indeed, the pain caused by eating or even drinking is sometimes agonising. The glands under the ear soon begin to swell, and they con-



tinue to be sore and painful, with more or less fever and headache, for about a week. There is little danger, although there are instances in which, from exposure to cold or from cold applications, the disease has been transmitted to other parts of the body.

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

*Aconitum.*—Pain and fever.

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

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

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

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

## CHAPTER II.

### CONSTITUTIONAL DISEASES.

#### 29.—Struma—Scrofula.

**DEFINITION.**—A constitutional disease, very common in children, marked by weak and easily perverted cell-nutrition, and by easily excited and irregular cell-proliferation, tending to the formation of weakly-organised



tissues, and to the deposit of tubercle, or to specific inflammations or ulcerations. Occasionally tubercles and strumous ulcerations co-exist. Although strumous symptoms may arise at any age, they are much more frequent in childhood and youth ; that is, during the period of rapid growth.

**SYMPTOMS.**—These may be divided into two classes, latent and active, or general and particular. The characteristics of the scrofulous constitution are chiefly the following :—The face is round, the skin thick, rough, hairy, or downy, and the complexion dull and pasty-looking ; the features are large, the nose looks broad from the expansion of the nostrils, and the lips thick, particularly the upper one ; the bones are thick, and the joints large ; the fingers are unshapely and thick ; the eyelids are often inflamed and look weak ; there is a constant secretion from the nose, and the tongue is often large and flabby ; the abdomen also is large and prominent, and the hair and nails grow remarkably fast.

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



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

TREATMENT.—This disease is often very obstinate, and months, if not years, may elapse before a cure is effected. The most useful remedies are—*Ars.*, *Calc.*, *Fer.*, *Iod.*, *Merc.*, *Phosph.*, and *Sulph.* A dose need not be given oftener than night and morning.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

*Belladonna*.—When sensitive organs are affected—such as the eye, the ear, and the throat; heat, redness, and *pain* in the eye, and *great intolerance of light*; neuralgic pains; sore throat, rendering swallowing difficult, painful swelling of the parotid and other glands. etc. (See “Mumps,” page 90).

*Calcareo Carbonica*.—Scrofulous cachexia, enlarged abdomen, weakness of the bones, *slow dentition*, *strumous swellings*, great susceptibility to cold and damp, frequent discharge from the nose. When abundance of good food fails to induce a healthy state of the system—the child



being pallid, cold, flabby, and dull—this remedy is of great service.

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

*Hepar Sulph.*—Scrofulous ulceration of the eyes; tendency to abscesses.

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

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

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

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

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

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

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

Fuller indications for many of the remedies will be



found in the sections specially treating of the disorders mentioned in this section.

**ACCESSORY MEANS.**—In the treatment of strumous children three points are of prime importance—nourishing food, fresh air, and regular exercise. Proper attention to these are necessary, for medicines are not alone sufficient. The air of Margate and Ramsgate has the most wonderful effect on Scrofulous patients.

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

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

*Exercise.*—Moderate exercise in the open air is most essential. A bracing mountain or sea air, if it can be borne, is the best. A *cold* climate, if the child is warmly clothed, is generally favourable ; but damp is injurious. The patient's room should also be uninterruptedly supplied with *pure air*. *Bathing*, both in fresh and salt water, is invaluable as a means of promoting a healthy



action of the skin, and of imparting tone to the whole system. If sea-water cannot be obtained directly from the ocean, *Bumsted's* or *Tidman's sea-salt* will form a valuable substitute.

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

PREVENTION.—The prevention of strumous diseases consists not alone in the hygienic or medical treatment of the patients, but *primarily* in the correction of the habits and improving the health of the parents, more particularly in respect to the points referred to under “Causes.”

### 30.—Scrofulous Ophthalmia (*Ophthalmia Strumosa*).

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

SYMPTOMS.—The prominent ones are—extreme *intolerance of light*, so that the child only opens his eyes with the greatest difficulty and reluctance; *spasmodic contraction of the orbicularis palpebrarum muscle*, the lids being





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

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

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

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

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



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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

*Bell.*—Red, hot face; heat of the head; bright or unusually dull eyes; intolerance of light and noise. *Calcareo Carb.* given in alternation with *Bell.* has restored desperate cases.

*Bryon.*—Suspicion of impending effusion on the brain.

*Helleborus.*—Enlargement of the *fontanelles* (the open spaces in the heads of young children at the points of junction of the bones) from copious effusion, pulsation being discernible.

*Hyoscyamus.*—Frequent starting, and picking with the finger.

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

*Sulphur.*—During convalescence.

ACCESSORY TREATMENT.—This should include applications of cold water to the head, liquid diet, sponging the body with cold or tepid water, followed by rapid drying and *strict quietude*.

### 32.—Rickets (*Rachitis*).

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



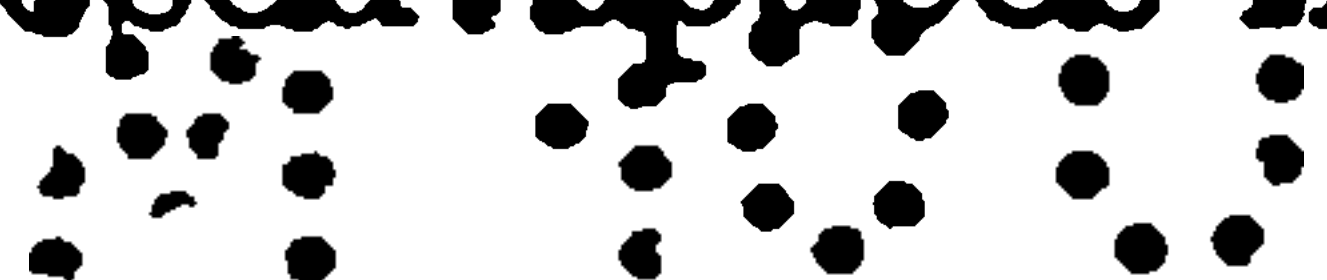


**SYMPTOMS.**—When a child reaches the tenth month without any appearance of a tooth, or if at eighteen months old he is unable to walk, Rickets may be strongly suspected. The most noticeable symptom of this disease is *profuse perspiration* of the head, neck, and upper portion of the trunk immediately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

In severe cases not merely the leg-bones, but also the spine and the pelvis, lose their proper shape; the face is small and triangular, the chin being small, out of all proportion with the forehead, the teeth project and fall out or soon decay, and the first and second teeth are generally delayed.

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

**DIAGNOSIS.**—Rickets may be confounded with Hydrocephalus; but in the former disease the *fontanelles* (unclosed spaces in the skull of infants) are depressed,







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

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

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

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

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

DIET.—Nourishing food, which should be well masticated, is of great importance. It should include milk, meat, animal broths, brown-bread, etc. The administration of a moderate quantity of finely-shaved juicy beef, followed by a dessertspoonful of Tokay or Malaga once or twice a day, is advisable in some cases. *Malt or*



*barley-food* is especially suitable for rickety children. If finely ground, the sediment from the husk need not be removed from the prepared food, as it is very nutritious, and rich in bone-forming materials. Boil four table-spoonfuls of *ground malt* in a pint of water for ten minutes. Pour off the liquid, and add an equal quantity of new milk. This food is very agreeable to children, and highly nutritious. An excellent food for rickety children is made by gently simmering groats in milk. A tablespoonful of groats is put into a vessel containing a pint of milk; this is then placed in a saucepan or other vessel containing water, which is allowed to boil. When the milk has lost a quarter of its bulk, it should be strained, and is then ready to be given. The groats remaining behind are also an excellent food.

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



### 33.—Consumption of the Bowels.\*

(*Tabes Mesenterica.*)

DEFINITION.—A deposit of tubercles in the mesenteric glands, by which the process of nutrition is interfered with; growth is arrested; there is a gradual waste of the tissues, and unless effective treatment be adopted, death ultimately results. It most commonly occurs from about the eighth month to the tenth year.

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

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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

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

*Merc.-Bin.*† —Profuse diarrhœa, variable appetite, great distention and tenderness of abdomen, thirst.

\* See *Homœopathic World*, vol. viii. pp. 12, 39.

† My most brilliant cures have been effected with this medicine.—G.L.





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CAUSES.—In infants and young children, as in adults, it may be produced by exposure to the direct heat of the sun ; and also by an excessively high temperature in bedrooms or nurseries, but only when the general atmosphere is high. Now, inasmuch as these attacks often occur in infants during teething, the case is supposed to be one of dental irritation, the poisonous action of the over-heated blood being ignored, and the treatment directed to the condition of the gums, to the Diarrhœa, or to the nervous irritability that may co-exist. Or the child is supposed to be suffering from the initiatory symptoms of fever. It seems highly probable that the direct action of excessive heat on the skin is the chief cause, by paralysing the sweat-glands.

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

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



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

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

**TREATMENT.**—The child must be at once shaded from the sun's rays and removed to a cool place, free from draught. He should be quickly stripped, and, *if there are no Convulsions*, placed in an empty bath, while repeated canfuls of cold water are poured over his neck and shoulders, until the temperature is reduced below 102°. At the same time *Camphor* should be held to the nostrils; or, if the child can swallow, one drop of *Tincture of Camphor* on a little crushed loaf-sugar; in the event of *Camphor* not being at hand, a little brandy-and-water (a teaspoonful of each) may be administered. The danger once over, *Aconite* may be substituted for the *Camphor*,



and two or three drops given in a teaspoonful of water every ten minutes until the skin becomes moist and somewhat cool. In cases where Convulsions occur, the child should be placed in a tepid bath, and cold water added, or even ice, until the heat of the body is diminished permanently to about 98°. At the same time *Aconite* should be administered as above ; or should the eyes be staring and glistening, *Belladonna* may be substituted. Where there is much pain, writhing, sickness, *Cactus.-Grand.* every ten minutes.\* This treatment will generally prove sufficient. But in exceptional cases other remedies may be required, as follows :—

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

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

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

\* See *Homœopathic World*, vol. xxi. p. 141 (March, 1886).





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either from exhaustion, Convulsions, or Spasmodic Croup, to which such children are liable. The disease may last from one to eight, or even ten years. Should effusion be arrested, the serum already present is scarcely ever absorbed.

CAUSES.—Chronic Hydrocephalus is usually associated with the scrofulous cachexia; sometimes it follows Scarlatina, Whooping-cough, or Measles. The disease is also common in the children and grandchildren of drunkards. The most common *exciting* causes are—exposure to heat or cold, injuries of the head, suppressed eruptions, or extended inflammation of the ears.

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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

*Belladonna.*—Convulsions, and other acute symptoms.

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

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

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

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

*Mercurius S.* 6.—Syphilitic cachexia.



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

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

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

### 36.—Infantile Convulsions (*Membrorum distentio infantilis*)—Fits.

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

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

CAUSES.—The irritation of Dentition, or of Indigestion, Worms, etc. ; a blow or fall ; fright ; disease of the brain, impure supply of blood to the brain, as in the eruptive fevers ; feeble action of the heart ; deficient supply of blood from defective nourishment ; suppressed eruptions ;



powerful mental emotions, worry, over-heating, or indigestion in the nursing mother. More remote causes may be general ill-health of the parents, too early or too late marriage, and inherited taint of constitution.

**TREATMENT.**—If the exciting cause be known, the medicine most closely indicated in such a case should be administered, but if the cause cannot be ascertained, *Camphor* may be employed at once pending the arrival of professional assistance, or until the choice of the appropriate remedy can be made. The *Camphor* may be given by inhalation, or by putting a drop of the tincture on the tip of the little finger, and inserting it between the lips of the patient. After *Camphor*, *Bell.* and *Cham.* are the most important remedies.

#### EPITOME OF TREATMENT.

*From Teething.*—*Acon.*, *Bell.*, *Cham.*, *Kali Brom.*, *Ver.-Vir.*

*From Mental Emotions.*—*Acon.*, *Opi.*, *Coffea.*

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

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

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

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

#### INDICATIONS FOR SOME OF THE MOST USEFUL REMEDIES.

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

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

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

*Camphor.*—*Depression of the fontanelles.*—(For infants,





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tion of tepid milk and water, or of milk and oil, should be given. When a nursing-mother becomes overheated, or violently excited, her blood and milk are thereby poisoned. Under such circumstances the milk should be withdrawn, and the brain and blood allowed to cool down before nursing again, or serious or even fatal results may ensue. In some cases one or two doses of *Aconite* or *Opium* should be given to the mother.

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

### 37.—Spasmodic Croup—Child-crowing.

(*Laryngismus Stridulus.*)

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

CAUSES.—Child-crowing being essentially a nervous disorder, it is liable to be produced by various causes which excite nervous irritability ; hence it occurs most often in children during the primary dentition, especially those who are brought up by hand. The air of badly



ventilated rooms, saturated as it often is by animal exhalations, is not an infrequent cause.

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

**DIAGNOSIS FROM CROUP.**—Laryngismus Stridulus comes on suddenly, and is not usually or necessarily attended with hoarseness, cough, or fever.

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

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

*Bell.*—Much arterial and cerebral excitement.

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

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

*Sambucus Nigra.*—Suffocating cough, waking the child up in the middle of the night, with wheezing and difficult breathing, but without croup.\*

*Spongia.*—An excellent remedy to be administered

\* See Hughes' *Pharmacodynamics*. 6th Edition. 1893.



after *Acon.* or *Bell.*, and for some days—a dose three times a day.

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

### 38.—Epilepsy—Falling-Sickness.

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

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

SYMPTOMS.—The patient utters a loud, terrifying shriek, and falls convulsed and insensible. The movements of the head and neck are often most violent, one side being more affected than the other; the jaws are clenched, foam issues from the mouth, often tinged with blood from the tongue being bitten; the eyes are fixed and staring, or roll about; the hands are firmly clenched over the thumbs; urine and fæces sometimes escape involuntarily; breathing is difficult, the face pale, the





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INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

*Acidum Hydrocyanicum*.—Recent epilepsy.

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

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

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

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

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

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

*Nux Vomica*.—Attacks preceded by constipation and anger.

*Stramonium*.—Recent epilepsy caused by fright; epilepsy in stammerers.

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

ACCESSORY MEANS.—The patient's tongue should be put back into his mouth, and a cork or linen pad fixed between his molar teeth; he should be laid on a couch or rug, fresh air freely admitted around him, his head slightly raised, and all ligatures relaxed that interfere with circulation and breathing. Throwing cold water on the face does no good; and restraint should not be exercised beyond what is absolutely necessary. In Epilepsy preceded by the *aura*, a firm ligature applied



above the part where the sensation is felt is said to prevent the attack. After the fit, the patient should be allowed to pass undisturbed the period of sleep which follows. Hygienic treatment, especially such as the causes of the disease suggest, is of great importance. Under this head we would prominently mention sponging the body, and especially the head, every morning with cold water, quickly followed by rapid and thorough drying. Shower-baths do not usually agree, and bathing in the open sea is obviously dangerous. All violent emotions, excesses of every kind, and especially the precocious development or the unnatural excitement of the sexual instinct, must be strictly interdicted or prevented.

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

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



should be nourishing and taken regularly, in moderate quantities, including animal food once or twice a day. As the appetite is often voracious, it should be judiciously controlled.\*

### 39.—Paralysis.

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

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

DIAGNOSIS.—This disease may be distinguished from Meningitis and Hydrocephalus by the absence of the acute symptoms which attend the latter diseases. It may also be distinguished from joint-disease by the fact that passive motion is *easy* and *painless*, the joints

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





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

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

#### 40.—Chorea—St. Vitus's Dance.

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

SYMPTOMS.—Twitching movements of the hands and arms, gradually extending to the muscles of the head, neck, and trunk. In some cases the patient can neither stand nor walk, and can with difficulty lie in bed. One side or both sides of the body may be affected. *Stammering* and *stuttering* are local manifestations of Chorea.

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



## INDICATIONS FOR TREATMENT.

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

*Agaricus*.—In recent uncomplicated cases.

*Cimicifuga*.—If traceable to rheumatism.

*Cina*.—In cases due to thread worms.

*Ferrum*.—With considerable Anæmia.

*Ignatia*.—From depressing emotions ; in hysterical persons.

ADDITIONAL REMEDIES.—*Agar.-M.*, *Ars.*, *Bell.*, *Cuprum*, *Hyos.*, *Phos.*, *Stram.*, *Zincum*.

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

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

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

**41.—Headache.**

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

Our chief object in this Section is to give directions for the cure of *simple* Headache, from whatever cause



it may arise; and to point out the symptoms which indicate organic intercranial change. Diseases of the brain, especially organic, are most deceptive, and difficult of detection and diagnosis. They are prone to run a rapid course, and to end suddenly, and often unexpectedly, in death.

When a child complains of Headache, or if too young to complain, shows by his desire to lie down, or to have the head supported, by restlessness and peevishness, that his head aches, it is always well to inquire if he has had a fall upon, or any injury to, the head, been exposed to a hot sun or to great heat, or if he has taken indigestible food. Should the affection have no definable cause, and persist after the administration of the remedies prescribed, we must, by carefully noting the condition of the child, endeavour to discover the true source of the ailment. Should the head be hot, and the eyes bright and staring, congestion is probably present. Should the head be large, and the fontanelles open, the sleep restless—the child starting and rolling his head from side to side—*Tubercular Meningitis* may be strongly suspected. If the head become large and somewhat square, and the flesh waste and become flabby, then *Chronic Hydrocephalus* is to be feared and the physician should be consulted. The occasional discharge of a clot of blood from the nostrils, with headache and restlessness, is often of serious import. But headache, and the diseases on which it depends, may be generally cured if early treatment be adopted.

TREATMENT.—From Headache arising—

*From Exposure to Heat.*—Acon., Bell., Cactus,\* Glon.

\* See *Homœopathic World*, vol. xxi. p. 141.





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here to treat principally of the complaint as it occurs unconnected with any grave disease ; but inasmuch as the remedies suitable for simple sleeplessness are often the most efficient in overcoming insomnia connected with serious disease, the latter will be incidentally mentioned.

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

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

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

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

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

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

*Opium*.—Hideous visions after a fright.

*Pulsatilla*.—From repletion or *indigestible food*.

ACCESSORY MEANS.—When a child cannot fall asleep at the accustomed hour, he should be turned from the light, or the room should be darkened, quiet maintained, and the head a little lowered. Bathing the head and neck with cold water, and well drying by rubbing them with a rough towel, will often be useful. Smoothing back the hair with the hand, or singing in a low monotonous tone, has often a soothing effect. It is very important to ascertain if the child's feet are warm, and if necessary to make them so by warm applications or friction. If too many hours have elapsed since the child has taken food,



a biscuit or two, with a little milk-and-water, may be all that is necessary to bring about the desired slumber. When the child starts in sleep and cries, refusing to be pacified, it is often best to wake him thoroughly from his half-sleeping condition, when the dreams and visions that disturbed him will probably not return.

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

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## CHAPTER IV.

### DISEASES OF THE EYE, EAR, ETC.

#### **48.—Purulent Inflammation of the Eyes of New-Born Infants (*Ophthalmia Neonatorum*).**

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

The eyelids are the usual seat of the inflammation, but in some cases it extends to the eyeballs, when there is great danger of the sight being lost. The disease is the same as Purulent Ophthalmia in the adult, except as modified by the undeveloped tissues and rapid growth of the infant organism, and is usually more severe. It is the chief cause of blindness in the poor.\*

\* See p. 22.



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

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

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

**TREATMENT.**—A dose of *Argentum Nitricum* every two or three hours, as recommended by Dr. Dudgeon, is probably the best treatment that can be adopted. A lotion of the same remedy—one grain of the pure salt to





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

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

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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

*Arnica*.—Inflammation from external injuries.

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

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

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

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

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

ACCESSORY MEASURES.—If inflammation has been



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

#### 45.—Stye.

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

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

CAUSES.—Atmospheric changes; some taint of constitution.

TREATMENT.—*Acon.*, followed by *Puls.*, will often remove the stye if given sufficiently early. After this *Staphysagria* may be given.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

*Aconitum*.—Pain, fever, restlessness.



*Hepar S.*—When suppuration has commenced.

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

*Sulphur.*—During convalescence, and as a preventive.

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

## 46.—Earache—Inflammation of the Ear

(*Inflammatio auris*).

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

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

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





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## 47.—Discharge from the Ears (*Otorrhæa*).

DEFINITION.—Chronic inflammation of the mucous membrane of the ear, with a milky, purulent, or bloody discharge, commonly met with in scrofulous children. It is often a sequel of inflammation of the ear, Measles, or Scarlet fever.

### INDICATIONS FOR TREATMENT.

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

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

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

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

*Mur.-Ac.*—Following Scarlet fever.

*Pulsatilla*.—Especially after Measles or Mumps.

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

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

ACCESSORIES.—The intractable character of this affection is often in great measure due to the neglect of that strict cleanliness which is indispensably necessary. The irritating discharge, if allowed to accumulate within the meatus, undergoes decomposition, and gives rise to changes in the deeper structures of the ear, the nature of which may be inferred from the irritation and excoriation so often existing in the external orifice. A little fine wool, frequently changed, may be put into the ear when the discharge is declining, to protect it in cold weather ;



but even this should be done with great caution, particularly when the discharge smells offensively, for nothing can be more prejudicial than stopping the ear with cotton-wool to prevent its escape.

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

Carbolic Acid ʒj.

Glycerine ʒj.

Distilled water ʒv.

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

#### 48.—General Management of the Ear.

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

2. WET OR DAMP EARS.—Imperfectly drying the head and ears of children after washing is not an



infrequent cause of deafness or other mischief. It is the more necessary to guard against this danger if there already exist any discharge from, or other disorder of, the ear. The strictest care should be taken to dry the hair and ears *thoroughly* after bathing.

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

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

5. FOREIGN BODIES IN THE EAR.—The introduction of foreign bodies into the ear is no rare occurrence in children. Such substances, although they do not





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nature; and, if persevered in steadily, will frequently relieve Deafness.

### **49.—Epistaxis—Bleeding from the Nose.**

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

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

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

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

#### **INDICATIONS FOR TREATMENT.**

*Aconitum*.—Epistaxis from excitement or passion.

*Arnica*.—From a blow or other injury.

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

*China*.—When weakness results from loss of blood.

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

*Millefolium*.—Red blood flowing without apparent cause.

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

**ACCESSORIES.**—The application of cold water, ice, or a



cold iron to the forehead, neck, or back ; holding the arms above the head for a few minutes, or pressing with the extended finger horizontally across the cheek-bone, just above the bleeding nostril. These means will rarely prove insufficient ; but should they do so, a piece of lint may be rolled into the shape of the nostril, saturated with *Hamamelis* and twisted rather tightly into the bleeding nostril or nostrils, first removing any clots of blood there may be present.

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

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## CHAPTER V.

### DISEASES OF THE RESPIRATORY SYSTEM.

#### 50.—Croup (*Catarrhal or Inflammatory Croup*).\*

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

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

\* “ Catarrhal Laryngitis occurring in young children is liable to be attended with far more serious symptoms [than in adults], owing to the same size of the air-tube in such subjects ; to the edges of the glottis becoming glued together ; and to the tendency to laryngial spasm.



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

### DIFFERENCES BETWEEN CROUP AND DIPHTHERIA.

#### CROUP.

1. There is a *premonitory hoarse, metallic* cough, without premonitory illness.

2. Croup is only dangerous in consequence of its *locality*.

3. This disease is sometimes preceded by catarrhal symptoms which *extend upwards* from the chest to the larynx.

4. Croup being a local disease, the treatment consists mainly in *subduing the local symptoms*.

#### DIPHTHERIA.

1. There is a *premonitory illness*—shivering and fever, with sore throat—without premonitory cough.

2. Diphtheria is *dangerous per se*, and the production of a false membrane is but one of its phases.

3. The throat-affection tends to *pass downwards* to the respiratory tract.

4. Diphtheria being a blood-poison, and causing great general depression, the treatment must be directed to *combating the systemic mischief*.

SYMPTOMS.—The *early* symptoms resemble those which initiate an attack of Measles—fever, hoarseness, and a *dry barking cough* of that distinctive character

There can be no doubt but that this is the condition present in a large proportion of the cases designated *Croup*, constituting what has been termed *Stridulous Laryngitis* or *Inflammatory Croup*.”—*Theory and Practice of Medicine*, by Professor Fredk. T. Roberts.





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of the air-passages becomes thinner and more easily removed.

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

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

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

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

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

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

*Sulphur.*—During convalescence.

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



the air of the apartment raised to about 65° Fahr., and this temperature uniformly maintained by day and night. The air should also be *moist* as well as warm. Steam may be inhaled, either alone or mixed with the remedy that is being administered. A few drops of the strong tincture of the remedy required may be dropped into a small tin kettle, kept boiling over the fire or over the flame of a spirit-lamp, and fixing a tin or paper tube to the spout, convey the vapour close for the patient to inhale. In very bad cases a sort of tent should be formed over the patient's bed, and the steam conducted under it by a tube.

DIET AND REGIMEN.—During the attack, water is almost the only article admissible, and may be given in small, frequent quantities; when recovery sets in, milk-and-water, arrowroot, gruel, etc. In the case of delicate children, or when great weakness suddenly occurs during the course of the disease, it may be necessary to support the patient by essence-of-beef, wine-and-water, etc., which should be administered in small quantities, at regular and frequent intervals. In the case of an infant at the breast, the mother should adopt the dietetic suggestions elsewhere given (p. 31).

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

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

CAUSES. — Exposure to draughts and cold, sudden



changes of temperature, wet feet, inherited Syphilis (in infants).

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

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

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

*Arsenicum.*—Watery, excoriating discharge.

*Camphor.*—Only useful in the chilly stage.

*Dulcamara.*—When brought on by damp.

*Euphrasia.*—With copious watery discharge from the eyes.

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

*Nux Vomica* is the established remedy for the “stuffy cold.”





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

Bronchitis is one of the most important diseases of early childhood, on account of its frequency, its liability to complication with Pneumonia, and the danger from suffocation which the accumulated mucus involves. In 1884, out of a mortality occurring at all ages from this disease in England of 53,410, no fewer than 25,783 took place in children under the age of five years; and out of this number 15,321 were under one year.

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

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



aggravated by the cough, with other symptoms of fever. Nursing children suck with difficulty, or do so eagerly for a short time, and then desist from interrupted breathing, throw the head back, and commence coughing or crying.

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

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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

*Antimonium-Tart.\**—*Wheezing in chest* ; paroxysms

\* BRONCHITIS.—*Ant.-Tart.*—A striking case of cure by this remedy recently occurred in the author's practice. We received an urgent telegram from Bexley to visit a child about four months old, the only



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

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

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

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

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

Hot linseed-meal poultices applied to the chest and back are beneficial, as they relieve congestion. The posture of the little patient is also important ; he should

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





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torate. The nostrils flap, and there is no moisture in them and no tears in the eyes ; there is great thirst ; impeded speech ; variable pulse ; scanty, high-coloured, hot urine ; the child lies on the affected side, or on the back, and breathes by his open mouth, which becomes dry in consequence.

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

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

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

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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



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

*Bryonia*.—When the inflammation extends to the pleura.

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

*Sulphur*.—During convalescence.

ACCESSORY MEANS.—The child should be placed in a warm room (60° to 65°), and have only light bed-coverings; for cold air irritates the lungs, and heavy bed-clothes render the skin hotter and drier, and add to the discomfort and danger of the patient's condition. A warm wrapper or dressing-gown should always be in readiness, so that if the child suddenly asks to be taken out of bed, he may not be exposed to any risk of taking cold. Another important point is the *posture* of the little patient. He should not be laid quite flat, but somewhat *propped up in bed*: this posture—necessary in all inflammations of the chest—tends to obviate the stasis of blood in the lungs, by favouring its freer general circulation, and enables the patient to take an easier and deeper breath. A large, thick *linseed-meal poultice*, or *spongio-piline*, to fit the chest in front and back like a bodice. A continuous poultice is one of the best methods of providing for the local loss of vitality in Pneumonia. The patient should be kept very quiet, have mucilaginous drinks, little pieces of ice to suck, and farinaceous diet. In short, the “accessory treatment” should be mainly the same as that recommended in the Section on Enteric Fever, pp. 72–5.



#### 54.—Inflammation of the Pleura (*Pleurisy*).

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

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

The inflammation terminates in one of the following ways : by *resolution*, when the two surfaces of the pleura regain their natural smooth character, or the inflamed and roughened surfaces becomes more or less *adherent* ; or *effusion* takes place, and a dropsical fluid separates





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cure the disease in a day or two ; or, if given early and at short intervals, in a few hours.

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

ACCESSORY MEANS.—The little patient should be kept perfectly quiet in bed, and *propped up* somewhat, as directed under Pneumonia (p. 151). The diet should be light—milk-and-water, thin gruel, Neave's food, arrow-root, and light broth ; and frequent sips of cold water to quench thirst. In case of effusion into the pleura, as dry a diet as possible should be given, so that, by diminishing the quantity of fluid taken into the body, the blood is deprived of necessary liquid, and a stimulus is thus furnished to absorption. Poultices of hot linseed-meal, frequently renewed, or wrung-out hot flannels, applied to the chest, generally afford much relief. A light flannel bandage round the chest or crossed over the shoulders moderates the pain by gently restraining the movements of the ribs. But the bandage must not be applied too tightly. When the pain is referred to the epigastrium, and attended with marked oppression of breathing, it is indicative of Inflammation of the Pleura overpowering the diaphragm ; and the bandage just recommended should be applied over the abdomen so as to restrain somewhat the action of the diaphragm. When effusion has occurred, and there is no evidence of absorption taking place, the *Pneumatic Aspirator*\* should be employed to evacuate the pleural contents without delay, especially when there is much dyspnoea, and when the collection of fluid is large.

\* See Glossary.



### 55.—Cough (*Tussis*).

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

TREATMENT.—In all cases coming on immediately after exposure to cold it is advisable to administer *Acon.* every two or three hours, or oftener, until relief is obtained, or until it is found to fail in bringing about improvement. Cough being often the first and only expression of congestion of the mucous membrane of the air passages, is best treated, as is the affection itself, with this medicine. After *Acon.* the action of other remedies is more prompt and decided.

#### INDICATIONS FOR TREATMENT.

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

*Aralia*.—Night cough, coming on after the first sleep.\*

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

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

*Cina*.—Dry or loose cough of a chronic character, when the child is suffering from worms.†

\* See *Homœopathic World*, April, 1881; July and August, 1882; July, 1883.

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



*Drosera*.—Spasmodic cough, worse at night; second state of whooping-cough.

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

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

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

*Pulsatilla*.—Loose cough, worse at night.

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

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

See also the Section on “Whooping-cough,” pp. 86–90; “Pleurisy,” pp. 152–6; “Bronchitis,” pp. 145–9; “Inflammation of the Lungs,” pp. 149–151; and “Croup,” pp. 139–143.

## CHAPTER VI.

### DISEASES OF THE DIGESTIVE SYSTEM.

#### 56.—Tongue-tie (*Lingua Frenata*).

ON the under surface of the tongue there is a fold of





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able to the action of *Kali Choloricum*, but other remedies are sometimes called for. A dose of the medicine should be given three times a day.

INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

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

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

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

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

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

DEFINITION.—A sloughing or gangrenous ulcer of the mouth, occasionally occurring in ill-fed children from two to six years old, residing in low, damp situations, or living in overcrowded rooms and breathing impure air.

SYMPTOMS.—The inflammation generally begins at the edges of the gums opposite the incisors of the lower jaw; the gums are white and spongy, and separate from the teeth, as if *Mercury* had produced its specific effects. Ulceration begins and extends along the gums until the jaws are implicated; and as the disease advances, the cheeks and lips swell, and form a tense indurated tumefaction. The teeth are apt to fall out; and the breath to become intolerably foetid, from a gangrenous condition.



There is generally enlargement and tenderness of the submaxillary glands. In severe forms of the disease, the destructive process rapidly extends, so that in a few days the lips, cheeks, tonsils, palate, tongue, and even half the face may become gangrenous, the teeth falling from their sockets, a horribly foetid saliva and fluid flowing from the parts (*Aitken*).

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

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

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

*Mur. Ac.*—When the disease is associated with other diseases, such as Measles, Pneumonia, etc.

*Sulph.-Ac.*—Rapid spread of ulceration.

*Sulph.*—In chronic cases.

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

## 59.—Sore Throat.

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



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

**CAUSE.**—Exposure to cold.

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

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

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

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

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

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

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

## **60.—Quinsy (*Tonsilitis*).**

**DEFINITION.**—Inflammation of the tonsil or tonsils.

**SYMPTOMS.**—Swelling of tonsils, severe throbbing pain, hoarseness, difficult swallowing and expectoration, headache, pain in the back and limbs, foul tongue, offensive breath, shivering, and generally febrile symptoms, terminating in resolution or suppuration, or chronic enlargement.

**CAUSES.**—The *predisposing* are : scrofulous constitution, mercury, and disorders of the digestive organs. The *exciting* are : atmospheric changes, wet feet, etc.





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*albicans*—the sporules of which increase with great rapidity, and form tubular fibrils. There is also an increased formation of epithelial scales. The unhealthy secretions of the mouth, particularly when *acid*, form a *nidus* or breeding-ground for the vegetation.

CAUSES.—Unhealthy character of, or insufficient breast-milk ; unsuitable quality or quantity of food given to infants fed with the bottle or spoon, neglect of general cleanliness, bad drainage, etc.\* A scrofulous constitution may operate as a *predisposing* cause. The disease also occurs during the course of Measles, Enteric fever, and Consumption ; it is then generally indicative of an early fatal termination.

SYMPTOMS.—There is generally some febrile disturbance ; the child is fretful, often refuses the breast on account of pain experienced in sucking ; there is usually vomiting, and a thin, watery diarrhœa, caused by deranged intestinal secretions. The local symptoms consist of innumerable white specks, like little bits of curd, which are sometimes so connected as to form a continuous, dirty, diphtheritic-like covering over the tongue, gums, palate, and inside of the cheeks and lips. In severe cases, vegetations line the whole interior of the mouth, and extend even to the fauces and down the gullet ; the buttocks also become red and excoriated by the acrid secretions ; the parasitic plants, however, are not developed on the interior of the stomach or bowels,

\* In certain insanitary localities in London, and in other places where the same conditions exist, *Thrush* is always epidemic. When sanitary arrangements are very defective, children suffer to an aggravated extent and not unfrequently die. Such places are not inaptly described as “ nests for Thrush.”



but are restricted to those portions of the mucous tract which are studded with scaly epithelium.

**PROGNOSIS.**—In children otherwise strong, Thrush, which is caused by improper food or want of cleanliness, may be readily cured by one or more of the following remedies, and by correction of the faulty hygienic condition. If it occurs as a complication in the course of an exhaustive disease, or after a lengthened course of improper food, in which the digestion and assimilation of nourishment must be necessarily imperfect, the prospect of recovery becomes proportionately diminished. Diarrhœa, too, is by no means infrequent, especially in feeble children, and increases the gravity of the case.

**TREATMENT.**—*Borax* and *Mercurius* are the chief remedies for this disease. The latter is perhaps more often employed than the former. The medicine selected should be given three times a day.

**INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.**

*Arsenicum.*—Dark colour of the patches ; offensive odour from the mouth ; severe diarrhœa and great constitutional prostration.

*Borax.*—Child's rest is much disturbed, salivation, the aphthæ bleed freely.

*Mercurius Sol.*—Dribbling saliva, offensive breath, diarrhœa ; if administered when the white specks first appear, it is often alone sufficient.

*Sulphur.*—In convalescence, and when there are eruptions on the skin.

**ACCESSORIES.**—The child's mouth should be washed with a weak solution of *Borax* (ten grains to one ounce of water), by means of a soft brush, two or three times



a day. Before using the lotion the mouth should be well cleansed with a piece of linen rag squeezed out of warm water. Condyl's fluid and water, one half a tea-spoonful of the former to a tumbler of water, or equal parts of vinegar and water, may be substituted for the Borax in some cases.

A point of first consideration is *suitable diet*. If Thrush be distinctly traceable to any disease in the mother which cannot be quickly cured, the infant should be at once provided with a wet-nurse, or weaned, and fed with *Sugar-of-Milk*, or cow's milk, diluted with water (see p. 32).

PREVENTION.—Every variety of starch-food is unsuitable for an infant (see p. 32), and no food but breast-milk, sugar-of-milk, or cow's milk diluted, should be used. Cane-sugar, which speedily ferments and is favourable to the development of the disease, is not to be allowed. Strict cleanliness is particularly necessary. After each meal the mouth should be washed, to prevent the accumulation of milk about the gums. This simple measure will often prevent the appearance of Thrush. In like manner, the mother's nipple should be cleansed each time after giving it to the infant. Well-ventilated rooms, and abundance of out-of-door air, every day, in suitable weather, will prove of extreme value, rendering the secretions more healthy, and raising the tone of the general system.

## 62.—Disorders of Dentition.

To enable our readers to recognise the disorders of Dentition (in itself a natural process), we shall briefly





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be arrested. Rickety children of eighteen months or two years old may often be seen with very few teeth, and those few black and carious. In Tuberculosis and congenital Syphilis, on the other hand, the teeth are cut early, and before the frame is sufficiently consolidated to sustain the necessary changes.

**SYMPTOMS.**—Cough, with wheezing breathing ; restlessness, starting, as if in fright, or interrupted sleep ; sudden occurrence of febrile symptoms ; hot, swollen, or tender gums, and increased flow of saliva ; various eruptions on the head or body ; derangement of the digestive organs—sickness, Diarrhoea, or Constipation ; and sometimes Spasms and Convulsions. Diarrhoea and other symptoms of Indigestion are most frequent in the summer and autumn, and when, therefore, children are not exposed to sudden changes.

**CAUSES.**—Strumous constitution ; Rachitis. The exciting causes are *irregular feeding ; excessive feeding ; improper quality* of food. Disordered Dentition is often coincident with a change of diet from the mother's milk to various articles which are unsuited to the age of the child. Other causes are—keeping the head too hot ; too little out-of-door air, etc. By such means the nervous system is disturbed, the stomach is disordered, and restlessness, crying, Colic, and even Convulsions follow. Inflammatory affection of the gums, or disproportion between the jaw and the number and form of the teeth, are also causes of suffering. (See the next Section.) Frequently these causes may be avoided, and the sufferings of Dentition reduced to a minimum, even in strumous constitutions.

Not a few cases of disordered Dentition are referable



to the mother. Worry, fits of anger, overheating, fatigue, etc., may so poison the blood of the mother, that, unless the milk be first withdrawn, and nursing suspended until physical and mental calm be restored, Convulsions, Fever, Diarrhoea, or even sudden death, may result.

TREATMENT.—*Chamomilla* is an excellent medicine for most cases of disordered Dentition, and, in the absence of fever, should be considered. It may be given every two or three hours.

#### INDICATIONS FOR THE SEVERAL REMEDIES.

*Aconitum*.—Feverishness, restlessness, inflamed gums.

*Calc.-Carb.*—Cases complicated with slimy diarrhoea; in scrofulous patients.

*Chamomilla*.—Bilious purging, intestinal irritation, cough, nervousness, and fretfulness.

*Kreasotum*.—In cachectic children; agitation and wakefulness; gums inflamed; constipation; teeth decay as soon as they appear.

#### ADDITIONAL REMEDIES.

*Arsen.* (with much emaciation); *Bell.* (flushed face, nervous irritability); *Merc.-Sol.* (green or bloody motions); *Podoph.* (pain in paroxysms, with Prolapsus Ani); *Sil.* (much perspiration about the head when falling asleep).

ACCESSORY TREATMENT.—*Regularity in the times of feeding and sleep*; correction of any habits in the mother which may affect the child unfavourably; restriction to *suitable quantities* of food at one time. Neave's Farinaceous Food, prepared according to the directions supplied with it, is generally the best artificial diet for children. *Keeping the head cool* and the



*feet warm*, washing the child daily in cold water ; *and allowing it to be much in the open air*, tend to prevent determination of blood to the head.

### **63.—Decay of the Teeth.**

The function of the teeth is so important that it is impossible to over-estimate the necessity of exercising due care in their management during the whole period of childhood. A good set of teeth is one of the best guarantees a child can possess of good digestion and prolonged health ; and this blessing it is generally possible to attain by the exercise of early care. A large proportion of the patients who come under our observation, including persons of all ages, suffer from a more or less deteriorated state of the teeth and gums. Our opportunities of investigating this subject have been extensive, for it is one of the points upon which we make definite inquiry, more especially in cases of Indigestion and defective nutrition. Our own observations are confirmed by dentists of long practice, who have noticed the increasing prevalence of carious teeth.

CAUSES.—The early decay of the teeth is due, in a great measure, to preventible causes, the chief of which are the following :—

1. *A Crowded State of the Teeth.*—In some children the jaws are so small or irregular that there is not sufficient room for proper development. The consequence is that they overlap, and, pressing against each other, damage the enamel. Moreover in this condition there is greater probability than in a normal condition that particles of food will be retained in the mouth,





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and stomach, with *frequent vomiting* ; soreness of the gums.

*Mercurius Sol.* 6.—Looseness of the teeth ; retraction and bleeding of the gums ; *excessive flow of saliva* ; foetid breath.

*Silicea*.—Soft, crumbly state of the teeth, associated with symptoms of *Rickets*.

*Staphysagria*.—*Blackness* of the teeth ; paleness, swelling, soreness, and erosion of the gums ; looseness of the teeth.

PREVENTIVE TREATMENT.—This may be inferred from the causes already mentioned. To prevent the crowding of the teeth, an experienced and skilful dentist should be consulted, who will remove superfluous teeth, selecting for extraction any that may be hopelessly decayed, or those which are most liable to early degeneracy, viz., the first permanent molars. We have repeatedly advised this course, with the most satisfactory results. Personal appearance has been improved by the greater regularity of the teeth ; for the vacancies occasioned by removals have been quickly filled by the adjustment of the teeth to the vacant spaces. To prevent deterioration, we recommend a return to the primitive custom of eating *whole meal bread*. It gives the healthy stimulus which the teeth and gums require ; it is more nutritious to the system ; and it supplies in considerable quantity the silica and phosphates from which enamel and dentine are formed. We also advise parents to allow the children the vulgar gratification of nibbling a bone now and then. Sweets should only be allowed in moderation, for they injure the teeth ; not, as is usually supposed, by direct chemical action, but by disturbing digestion,



and vitiating the secretions of the mouth. Very acid fruit acts both directly and indirectly upon the substance of the teeth ; strong acids, some of the preparations of iron, and hot drinks are always prejudicial. Cleanliness is essential to the prevention of decay. The bristles of the tooth-brush should be moderately soft, and not too thickly set. Where food is liable to become entangled between the teeth, the brush should be used after every meal. Not only animal food, but particles of white bread originate degenerative changes, and should be removed. Tooth-powder is unnecessary except after the teeth have been neglected ; it may then be required for a short time to remove carious incrustation. In any case the tooth-powder should not be harsh or medicated. Such as feels rough and gritty when rubbed between the thumb and finger should not be used, as it will scratch and injure the enamel. Brushing with simple water should be commenced directly the teeth appear, and nothing else is necessary in the case of children. Friction is beneficial to the gums, the removal of decomposing particles of food tends to avert premature decay, and cleanliness is as healthful in the mouth as in any other part of the body.

Another method of preserving the teeth is the one so forcibly recommended by Mr. Catlin—*sleeping with the mouth shut*. Children should be initiated into the habit at the very earliest period. They should also be taught to keep the mouth shut as much as possible during the waking hours. This habit contributes much to the end contemplated. Finally, a simple style of living, fresh air, exercise, and cleanliness during the whole period of childhood will facilitate healthy growth, and aid largely in the preservation of the teeth.



## 64.—Toothache (*Odontalgia*).

Toothache is often a distressing ailment of childhood, and is far from being uncommon, especially during the decay of the first teeth. The most frequent exciting *causes* are sudden changes of temperature, Indigestion, general ill-health, and irritation of the bared nerve by particles of food.

### INDICATIONS FOR TREATMENT.

*Aconitum*.—Toothache brought on by *cold*, or accompanied by *fever symptoms*.

*Arsenicum*.—*Intermittent* toothache; burning or cutting pains; general *prostration*.

*Belladonna*.—*Pain*, extending to the *temples* particularly the right: *redness of the face*, *burning*, *throbbing*, and heat of the head.

*Bryonia*.—Pain aggravated by *hot or cold food*; the cheek being tender to the touch.

*Chamomilla*.—*Unbearable paroxysms* of pain; nightly aggravation: redness of one cheek and paleness of the other.

*Mercurius Sol.* 6.—Pain starting from loose or *decayed teeth*, occurring in the night, accompanied with perspiration that gives no relief; pain *extending to the ears*; gumboil.

*Kreasotum*.—This is a valuable remedy when *caries* exist, with red and painful gums, *offensive breath*, etc.

*Pulsatilla*.—Pain *from indigestible food*, fat, pastry, etc., pain on the *left* side of the face.

*Staphysagria*.—Toothache in *blackened*, decayed teeth; the teeth feel too long.

ACCESSORY TREATMENT.—The application of heat will





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frequently called for in male, and the latter in female children. Three doses in the day are usually sufficient.

#### INDICATIONS FOR THE ABOVE AND OTHER REMEDIES.

*Antimonium Crudum*.—Loss of appetite ; white, furred tongue ; eructations tasting of the food ; Vomiting ; *alternate relaxation and Constipation* ; pimples on the face.

*Bryonia*.—Uneasiness after food ; foul eructations ; nausea or Vomiting ; Headache ; Constipation ; *pain under the shoulders*.

*Carbo Vegetabilis*.—Heartburn ; *foul flatulence* ; Headache.

*Chamomilla*.—Sallow skin ; yellow tongue ; thirst ; colic ; sour breath and Vomiting ; *greenish Diarrhœa* ; *irritability* ; Toothache. This is a sovereign remedy for *Infantile ailments*.

*Hepar Sulphuris*.—Heartburn ; dislike to food ; *nearly all kinds of food disagree* ; craving for unusual kinds of food, wine, etc.

*Nux Vomica*.—Pain and fulness of the stomach ; eructations or Vomiting of sour or bilious matters ; sallow skin ; *confined bowels*.

*Pulsatilla*.—Indigestion from pastry or rich food ; *heartburn* ; foul taste ; mucous Diarrhœa. Most suited to blonde, fair-haired children, especially girls.

ACCESSORIES.—Attention to diet (see examples of dietary for healthy children, pp. 30–39), cleanliness, fresh air, daily out-of-door exercise, etc., are of great importance in preventing or correcting Indigestion. A wet compress to the pit of the stomach is of great service. (See also Sections on “Vomiting,” “Diarrhœa,” “Constipation,” and “Worms.”)



## 66.—Simple Vomiting.

The vomiting of infants may be divided conveniently for our purpose into two kinds—simple and chronic, the former being most common.

When the milk is rejected immediately after nursing or feeding, the milk being curdled, it is of the simple variety, and is caused either by too frequent feeding or over-distention of the stomach. Vomiting of uncurdled milk indicates debility of the stomach, and requires a carefully regulated diet, smaller quantities of food at a time, and at shorter intervals.

CAUSES.—Repletion ; improper or badly-prepared food ; premature weaning ; the use of starchy food before the child is able to digest it. Wet-nurses unable fully to supply the wants of the suckling have been known to supplement the breast-milk by arrowroot, corn-flour, and other indigestible food, to meet the deficiency. In such cases the use of the microscope reveals starch granules, and thus enables us to detect the cause of the derangement. Impure air, too little sunlight, want of cleanliness, and other bad hygienic conditions, are fertile sources of Vomiting. The crowding of a whole family in one room, or the crowding of many children in a small, badly-ventilated, ill-lighted, and cold room, is not an uncommon cause of the derangement.

### INDICATIONS FOR TREATMENT.

*Antimonium Crudum*.—Thickly-furred, white tongue ; great thirst ; painfulness of the stomach to pressure ; nausea ; *eructations* ; poor appetite ; vomiting of bile, with *Diarrhœa*.

*Ipecacuanha*.—Aversion to food and Vomiting of



*mucus*. This is especially suitable when the breast-milk disagrees with the child, and is returned.

*Nux Vomica*.—Aversion to food and drink ; the matters vomited are sour or foetid ; vomiting of green bilious matter ; *Constipation*.

*Pulsatilla*.—Simple vomiting *from indigestible food* ; or when due to debility of the stomach.

ACCESSORY TREATMENT.—A change of diet is generally necessary in hand-fed or weaned children, and a change of the mother's diet, or of her habits, in the case of those who are fed by the breast. Suckling infants should be nursed at regular periods, and not permitted to suck too long at one time, the amount permitted to be swallowed being regulated by the previous meal. If that has been rejected, the quantity at the next must be lessened. In some cases the child should have a wet-nurse or be fed with *Sugar-of-milk*, as elsewhere directed (see p. 31), or with cow's-milk and lime-water, given in such quantities as can be retained. In the case of older children much care is often necessary. When a disposition to sickness has been excited the stomach will only bear small quantities of food at a time—very much smaller than are commonly given ; while warm food is sometimes much better tolerated than cold. Small pieces of ice placed on the tongue tend to allay Vomiting, and are usually very grateful to the little patient. After vomiting, it is better to make no attempt for an hour or two to give any kind of food or drink. After some rest, a teaspoonful of cold water may be given, and followed in ten or fifteen minutes by a very little cold milk-and-water, or whatever else may be suitable. Another point, of considerable importance during sickness, is to avoid moving the child





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This condition may continue for weeks, or even months, slowly passing into the next stage, when vomiting occurs much more frequently, and is occasioned by the slightest movement. The milk is rejected *uncurdled*; emaciation progresses rapidly, the skin becomes harsh, dry, and flaccid, the features pointed, and the knees are drawn up on the abdomen.

The temperature sinks very low, the child lies with the eyes half-closed in a semi-stupor; Thrush appears; and the worn-out sufferer sinks to rest.

CAUSES.—Too early weaning; the premature use of starchy kinds of food; and other conditions enumerated under “Chronic Diarrhœa.”

DIAGNOSIS.—Chronic Vomiting, combined with obstinate Constipation, may arouse suspicion of brain disease; the following table, however, shows the differences between these conditions:—

#### TUBERCULAR MENINGITIS.

1. Seldom occurs in *children* under one year.
2. *Elevation* of temperature.
3. Fontanelles *prominent* and frequently pulsating,
4. Pulse *irregular*.
5. Abdomen *retracted*.

#### CHRONIC VOMITING.

1. Is most frequent in young *Infants*.
2. *Depression* of temperature.
3. Fontanelles *depressed* and motionless.
4. Pulse feeble and *regular*.
5. Abdomen *tumefied*.

#### INDICATIONS FOR TREATMENT.

*Arsenicum*.—Dryness of the mouth, with bitter taste and disagreeable odour; Thrush; ulcerated, coated, or *cracked tongue*; vomiting after food of watery fluid; great tenderness and Colic; *prostration and emaciation*; watery diarrhœa.

*Calc.-Carb.*—Chronic Vomiting, with *swelling and hardness of the bowels*, and constipated or offensive motions. Very suitable to small or weakly children.



*Kreasotum*.—A poor constitution, general ill-health, and *persistent vomiting*.

*Nux Vomica*.—This is an excellent remedy in some forms of *Chronic Vomiting*.

*Pulsatilla*.—Tongue covered with whitish mucus; vomiting of mucus or bile; mucous *Diarrhæa*. Most useful for fair children with blue eyes.

*Veratrum Alb*.—Excessive Vomiting, especially with *watery, nocturnal or involuntary Diarrhæa*; slow pulse; faintness; *coldness of the face, tongue, and extremities*.

ACCESSORIES.—Due care should be at once taken that the child is properly clothed and fed. The clothing should be sufficient to secure comfortable warmth. If he has been prematurely weaned, and it is impossible to procure a suitable wet-nurse, the child should have sugar-of-milk food (see p. 31), ass's milk, equal parts of fresh cow's milk and water; or fresh whey and cream (one tablespoonful of cream, two of whey, and two of hot water). In obstinate Vomiting, the food should be given cold or cool. Much injury often results from careless nurses giving food too hot. The body of the child should be sponged twice a day with tepid water, and afterwards rubbed with olive-oil. The greatest cleanliness should be observed, and all vomited matters or soiled clothes removed immediately.

In case of extreme prostration, small doses of brandy may be given, one to five or ten drops, according to the age of the child, in a teaspoonful of cold water; also cold beef-tea, in small quantities, frequently repeated. For this purpose, the *beef-tea* may be prepared as follows: To a pint of *cold* water, add a pinch of salt and ten drops of *Muratic Acid*, first decimal dilution. Cut up fine



eight or ten ounces of lean beef, and stir among the liquid. In an hour strain with gentle pressure through a fine cloth or hair sieve. For children over twelve months old, the whites of one or two eggs may be thoroughly mixed with the liquor.

### 68.—Acute Infantile Diarrhœa.

The frequency of Diarrhœa in early childhood, especially during dentition, its disastrous effects on the constitution, if unchecked, and its large contribution to infantile mortality, especially in summer and autumn, render the due consideration of the subject of great importance. Depending, moreover, as it often does, on obvious and removable causes, and unaccompanied by lesions (alterations of the tissues) other than functional or transient, it is a disorder that well repays the application of our preventive and curative resources.

VARIETIES.—Diarrhœa in childhood presents many phases, and has been described under numerous headings,—simple, catarrhal, non-inflammatory, choleraic, inflammatory, and dysenteric. Simple Diarrhœa, or excessive fluid evacuations, when sudden, profuse, and frequent, becomes *choleraic*. When mucus from the large intestine accompanies the fæcal discharge (a complication which usually takes place if the Diarrhœa persists) it becomes *inflammatory*; and if irritation and straining be superadded, it is termed *dysenteric*. But as these varieties chiefly differ in severity and duration, one often passing insensibly into another, we shall arrange our treatment of them under two headings—*acute* and *chronic*.





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soon after the baby is born. *Foul air* and *contaminated water*, the inevitable results of filth and overcrowding, are causes of an obstinate form of Diarrhœa. In fact, Diarrhœa and infantile mortality are largely augmented by neglect of efficient sanitary measures, especially the effluvia or emanations from drains or decaying vegetables, and other refuse which may pollute the air and food, and set up irritation.

Further, heat, and other atmospheric conditions especially in summer and autumn, exercise a prejudicial influence, and directly tend to develop or increase an attack of Diarrhœa.

**SYMPTOMS.**—These vary extremely, even in recent and acute attacks, from a slight, painless increase in the quantity, frequency, and altered consistence of the normal evacuations, to violent, painful, and frequent purging; liquid evacuations, perhaps several times every hour, being ejected with spasmodic force. In the latter cases the motions are green or spinach-like, resembling those produced by administration of mercury, but assume a yellow appearance during recovery. Frequently they contain the casein of undigested milk in the form of numerous white specks. In the more severe stage, they are sometimes streaked with blood, and mixed with mucus. There is also generally sickness, thirst, and an interruption in the nutritive processes. Acute Diarrhœa rapidly reduces the firmness of the muscles, and if the drain be severe, in two or three days there is a marked loss of flesh and strength. The eyes are sunken, the features pinched and livid; the pulse rapid, feeble, and nearly imperceptible; and the extremities cold and shrunken. On the other hand, after the cessation of an



acute attack, the lost flesh and vigour are quickly regained, and the child soon recovers his wonted colour and spirits.

TREATMENT.—Slight attacks from evanescent causes may be left to themselves ; the relaxation may be beneficial, effect its own cure, and cease spontaneously in a day or two. As soon, however, as it begins to pass the limits of health, and act injuriously, remedial and corrective measures should be instituted.

#### INDICATIONS FOR TREATMENT.

*Arsenicum*.—Neglected or advanced cases, in which there is aggravation at night, and *unquenchable thirst* ; when the various measures employed seem useless, and the *pale, sunken face* gives evidence that the disease is making serious inroads, *Ars.* often succeeds. But it is more often required in *chronic* than in acute Diarrhœa.

*Chamomilla*.—Diarrhœa during *Dentition*, or from *cold*, with *fretfulness* or restlessness ; colicky pains ; greenish, watery, frothy, and offensive evacuations ; yellowness of the whites-of-the-eyes, and sallow skin.

*Ipecacuanha*.—Simple Diarrhœa, with straining or blood-streaked motions, from overloading the stomach, or during hot weather with *sickness*, the latter symptoms being more marked than the Diarrhœa.

*Iris*.—Bilious evacuations, with sickness ; *Cholera Infantum*, especially when *vomiting* is frequent.

*Mercurius Corr.*—Evacuation containing *blood*, and passed with *excessive straining*.

*Mercurius Dulcis*.—Stools green, whitish, *clay-coloured*, watery, or mixed with mucus ; *straining*, nausea, and thirst.

*Podophyllum*.—Profuse, *sudden*, foetid, exhausting



discharges, *worse in the morning* and forenoon ; frequent retching without vomiting ; drowsiness ; rolling and perspiration of the head ; moaning and restlessness ; *Diarrhœa better at night.*

*Veratrum Album.*—*Choleraic* Diarrhœa, with frequent, copious, *watery discharges*, occurring in *gushes*, and accompanied by excessive *Vomiting* and *prostration* ; spasmodic drawing up of the legs, *cold sweat* on the forehead, and *coldness of the abdomen.* This remedy is often valuable after others have been uselessly administered.

ACCESSORIES.—In the first place, an attempt should be made to correct Diarrhœa, even in its mild form, by the *removal of its cause.* In the majority of cases we believe this will be found in the diet. Farinaceous food, which should not as a rule be given until after the teeth have appeared, is a common cause of intestinal irritation.

Should a substitute for maternal milk be necessary, the best is cow's milk with the addition of *sugar-of-milk* as recommended on p. 31. *Lime-water* in some cases may be substituted for sugar-of-milk, and added in the proportion of a tablespoonful to a feeding-bottle which holds about six ounces. In addition to its nutritive value, lime-water tends to keep the milk sweet. The temperature of food is also very important ; it should be given cold, or even iced in feverish states. Cold milk and lime-water will often suffice to arrest an attack, when warm would be wholly useless. When sickness is superadded to the Diarrhœa, and is troublesome, all preparations of milk may have to be suspended for a few hours, and whey, veal broth, Mellin's Patent





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and accompanied with pain and straining. The dejections consist partly of undigested food ; and when there is violent straining, mucus, and even blood from small vessels ruptured by the severity of the straining. The motions often smell sour and offensive, while the child looks dull and pale, but otherwise well. This form of Diarrhœa may continue for weeks, or even months ; the additional symptoms being loss of flesh, colour, and activity. At length more decided symptoms set in ; the stools becoming watery, slimy, clay-coloured, or grass-green, having an increasingly offensive odour. At this stage variations are almost constant, often coincident with atmospheric changes. The emaciation advances ; the food, eagerly taken, seems to pass through the child immediately in an undigested state : the child lies listless and helpless, or cries plaintively, and draws up his legs from the accumulation of gas in the abdomen.

The skin is now dry and harsh, the features old and pinched, the bones projecting, and the child appears a mere skeleton, loosely covered with flaccid skin. The appetite becomes capricious, or is altogether absent ; the stools become excessively frequent—fifteen or twenty in the twenty-four hours ; Thrush, soreness of the buttocks, and death may shortly supervene.

From the poverty and thinness of the blood, the feet, fingers, and eyelids may swell ; or effusions may take place in the lungs. Eruptive fevers are very liable to occur, or Convulsions or stupor may precede dissolution. Should the stools, however, become more solid, and coloured with bile ; should the patient also assume a more active, fretful, and tearful temperament, hopes of



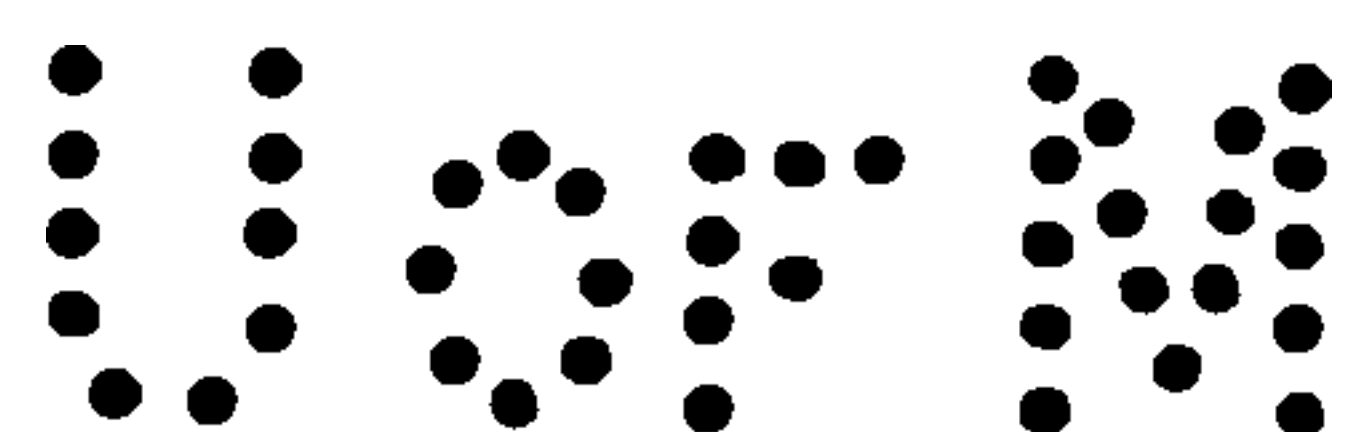
recovery may be entertained. Diminished foetor of the stools, Constipation following the relaxation, and increase of flesh and strength, are additional grounds for anticipating a favourable termination of the disease.

CAUSES.—Chronic Diarrhœa is generally traceable to three sets of causes—viz., bad hygienic conditions, atmospheric influences, and improperly treated acute disease.

The younger the child, the more easily is it impressed by neglect of cleanliness, want of proper food, fresh air, and sunlight; and the more essential to recovery is its removal from the influences of these causes. The reprehensible practice of giving newly-born infants castor-oil and boluses of sugar-and-butter by ignorant and old-fashioned nurses is also a frequent cause of Diarrhœa, Vomiting, and Indigestion. Chilling of the surface of the body is another frequent cause of Chronic Diarrhœa. As this cause may be obviated, we would impress upon all mothers the necessity of protecting their children, especially if at all delicate, from the inclemencies of the weather.

The acute disorders to which this form of Diarrhœa is a common sequel are—Measles, Smallpox, Scarlatina, Inflammation of the Lungs, Enteric Fever, Croup, Bronchitis, and Pleurisy. Inflammation of the large bowel, when the motions assume a dysenteric form, Ulceration of the mucous membrane of the small intestines, and Tubercular Peritonitis, are also causes.

DIAGNOSIS.—If the disease date from a few days of the child's birth, or if its commencement coincide with weaning or the use of unsuitable food, it is probably a simple Intestinal Catarrh. In this species of Chronic





Diarrhœa the temperature is *lower* than in health. When derangement follows an acute disease, there is generally fever, pain in the abdomen, languor, and frequently vomiting. These symptoms slowly subside, and leave the case one of Chronic Diarrhœa, such as we have already described.

Tubercular inflammation of the mesentery—*Marasmus*—is one of the most formidable causes of Chronic Diarrhœa ; and may always be suspected when, without the irritation of dentition, there is a persistent *elevation of temperature* in the evening. When the Diarrhœa shows traces of blood, and the abdomen is very tender to pressure, *Ulceration* of the mucous membrane of the intestine is probably present.

PROGNOSIS.—The graver forms are those following inflammatory diseases, or when the stools are greenish matter, like chopped spinach, or brown, foetid, dirty fluid, and mixed with purulent mucus and blood. Dry and rough tongue, Thrush, or Dropsy, are very unfavourable symptoms. Great tenderness of the abdomen on pressure is also of serious import. On the other hand, if the motions become thicker and more uniform (homogeneous), even though they continue very offensive, a favourable result may be anticipated. Amongst the additional favourable signs may be included—continuance of the natural progress of Dentition, the appearance of tears, and the occurrence of any eruption (unconnected, of course, with any of the exanthemata) upon the child's body, even although the Diarrhœa may not at the time have undergone any visible improvement (*Dr. Eustace Smith*).\*

\* *Wasting Diseases of Children.*







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ness and enlargement of the abdomen ; the glands may sometimes be felt on pressing the hand upon the bowels, which impart a knotty feeling. This remedy is most suitable for the stunted and ill-nourished children of weakly parents, particularly when scrofulous enlargements or Abscesses exist.

*Mercurius Sol.*—Frequent evacuations of frothy mucus, or whitish, green, offensive, or bloody stools ; excoriation of the anus ; violent pain ; Jaundice. If there is severe *straining*, with other dysenteric symptoms, *Merc.-Cor.* is preferable.

*Phosphorus.*—Chronic Diarrhœa in children having a consumptive tendency ; yellow tinge of the eyes and skin ; great prostration ; chest complications.

ACCESSORIES.—In the case of infants, milk-and-water, without sugar, is the best of all food ; but where it does not agree some of the “ prepared food ” may be tried. In some few cases animal broths are efficacious. In older children, old rice, freshly cooked in milk, is excellent. Mutton, chicken, game, pigeon, white fish, etc., are generally advantageous if not overdone. Raw eggs beaten up, or eggs lightly boiled, and other nutritious kinds of food, are necessary. A piece of tender, juicy, under-cooked lean mutton, minced and pounded to a pulp, with all pieces of fibre removed, and mixed with bread-crumbs and a little salt, may be tried. Of this from one to three ounces, according to the age of the child, may be given daily. This dish is particularly valuable when Diarrhœa has caused much wasting and exhaustion, and when the evacuations contain unaltered food. Tepid abdominal compresses, and frictions over the spine and whole body, are also



necessary. An abdominal belt of flannel is often efficacious. As suggested under "Causes," children should be protected against atmospheric changes by warm clothing. Lastly, change of air is often necessary and promptly curative. If no other end be served, it may remove the little patient out of the range of some undetected and unthought-of cause of the disease, which exists in the air or water.

### 70.—Inflammation of the Bowels (*Enteritis*).

DEFINITION.—Inflammation of the intestines, the disease involving all their coats or only their mucous lining.

SYMPTOMS.—Rigors, followed by dry, hot skin, quick, wiry, strong pulse, thirst, nausea, or vomiting, and often constipation. The patient complains of severe pain in the abdomen, especially around the navel, which is aggravated by pressure. He lies on his back, with his knees raised. Diarrhœa is also a frequent symptom.

CAUSES.—Cold, errors in diet, purgatives, worms, internal strangulation of the bowels, some general disturbance, as fever.

TREATMENT.—It will rarely be improper to commence the treatment with a few doses of *Acon*. If the disease have arisen from cold, and be encountered early, this medicine will most likely rapidly restore the patient's health.

#### INDICATIONS FOR THE SEVERAL REMEDIES.

*Aconitum*.—In the early stage when there is a good deal of fever, and the skin is hot and parched.

*Arsenicum*.—Severe burning pains around the navel, obstinate vomiting, and much prostration.



*Colocynth.*—Drum-like distention of the abdomen, severe griping, bilious vomiting; when the large intestines and rectum are affected.

*Kali Bichrom.*—Thickly-coated, brown tongue, bitter taste, pale stools: when the upper part of the intestines is affected.

*Mercur.-Cor.*—Hard, distended, and tender abdomen; foetid, watery stools; constant urging to stool, followed by straining and evacuations of mucus or mucus and blood.

*Podophyllum.*—Diarrhœa, with stools constantly changing in appearance; increase in frequency and urgency in the morning; tendency to jaundice.

ACCESSORIES.—Hot fomentations to abdomen, followed by a carefully-applied tepid wet compress. Ice or cold water may be taken freely in small quantities. The diet should consist of milk-and-water only. As the disease subsides, beef-tea or prepared Farinaceous Food may be given.

## **71.—Prolapsus Ani (*Prolapsio Ani*)—Falling of the Bowel.**

DEFINITION.—A protrusion of the mucous lining of the rectum through the anal orifice, after the action of the bowel, which goes back of itself, or is easily replaced.

CAUSES.—Long-continued Constipation or Diarrhœa; purgatives; straining excited by the irritation of worms, or of stone in the bladder; laxity and delicacy of constitution. Although not confined to them, it is most frequent in children.

INDICATIONS FOR TREATMENT.





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while the integuments which close the umbilical ring are but imperfectly developed.

**TREATMENT.**—Should there be any signs of a protrusion at birth, or soon after, a circular piece of cork should be applied, somewhat convex on both sides, covered with soft leather, and secured by a moderately tight-fitting bandage around the abdomen. A flat piece of sheet lead, or ivory, protected with soft leather, with the convex surface over the aperture, may be substituted for the cork. If the pad slips off the part, it should be secured by cross pieces of adhesive plaster. If the pad is nicely applied, and continued for one or two months, a radical cure may be expected.

**REMEDIES.**—*Nux Vomica* at night, and *Sulphur* in the morning, are recommended, and probably facilitate the cure. Dr. Van Norman reports several cases as cured with *Nux V.*, a dose at night, for three or four weeks, with only an ordinary bandage around the child.

### 73.—Worms (*Entozoa*).

The worms that most commonly infest children are of three varieties—the thread-worm—pin-worm or maw-worm (*Oxyuris vermicularis*); the round-worm (*Ascaris lumbricoides*); and the tape-worm (*Tænia solium*, or *Tænia lata*). The first two are most common, the tape-worm being very rare in children under three years of age.

Thread-worms are from half to three-quarters of an inch in length, white and thread-like, moving rapidly. They inhabit the rectum chiefly, and cause great irritation.



The round-worm is from six to fifteen inches long, similar to the common earth-worm, but of a paler colour. It feeds on the chyle, and lives generally in the small intestines; but is sometimes passed upwards into the stomach and expelled by vomiting, or downwards, and ejected with the evacuations.

The tape-worm is white, flat, and jointed, varying in length from a few feet to several yards. It generally exists alone.

SYMPTOMS.—Thread-worms give rise to itching and irritation about the anus, especially troublesome in the evening; depraved or irregular appetite, offensive breath, picking at the nose, puffiness of the face, straining at stool, falling of the bowels, Pruritus vulvæ, disturbed sleep, and general restlessness.

When *Round-worms* exist in large numbers, there may be, in addition to the above symptoms, pain and swelling of the abdomen; slimy stools; tenesmus; chronic Diarrhœa, most troublesome at night, with thin, scanty, and offensive motions; pallid countenance, dilated pupils, grinding of the teeth in sleep, Convulsions, Chorea, etc.

The symptoms of *Tape-worm* are less marked; sensations of weight or gnawing in the abdomen; enlargement about the navel; great appetite, and progressive emaciation.

Worms are frequently not suspected till seen in the evacuations.

CAUSES.—The predisposing cause of worms is an unhealthy, *slimy* condition of the intestines of infants and young children, from improper feeding. When the conditions are favourable for the development of worms,



their germs or eggs, conveyed into the system by drinking impure water, by eating imperfectly-washed vegetables, or underdone meat, find a nest in which to grow and multiply.

TREATMENT.—Where thread or round worms exist, *Cina* will usually be found an effective medicine. The tape-worm will require the oil of the male Fern, sometimes in large doses, for its expulsion.

#### INDICATIONS FOR THE SEVERAL REMEDIES.

*Ant.-Crud.*—White tongue, white mucous Diarrhœa.

*Cina.*—Boring at the nose; livid semicircles under the eyes; tossing about or suddenly *crying out in sleep*; nausea and vomiting; griping, itching at the anus; *white, thick urine*; Epilepsy, Convulsions, or other nervous disorders.

*Male Fern Oil.*—One of the most useful and reliable remedies in *Tape-worm*.

*Mercurius Sol.* 6. — Whitish, greenish, pappy, or bloody evacuations, with tenesmus; distention of the abdomen; *fœtid breath*; *great flow of saliva*; restlessness at night.

*Sulphur.*—Worm-colic; *Constipation*; and to complete the cure.

*Utrica Urens.*—Excessive *itching of the anus*, especially at night, from thread-worms.

ADDITIONAL REMEDIES.—*Ars.*, *Calc.-C.*, *Ignat.*, *Puls.*, *Santon.*, *Teucrium*.

ACCESSORIES.—When there is much irritation, an injection of salt-and-water (a teaspoonful to half-a-pint) may be used at bedtime, for several days. Or lime-water injections may be used, or a little sweet-oil. The application of lard to the anus, every night for eight





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dose night and morning of the medicine will usually be sufficient.

INDICATIONS FOR THE SEVERAL REMEDIES.

*Bryonia*.—Large motions passed with difficulty ; irritability ; headache ; brown tongue.

*Lycopodium*.—Is especially useful when there is much flatulence in the lower bowel.

*Mercurius Sol.*—Sallow skin, the white-of-the-eyes being yellowish ; profuse secretion of saliva ; pale, whitish motions.

*Nux Vomica*.—Frequent ineffectual urging, restless sleep, irritability.

*Opium*.—*Torpid* bowels ; hard and lumpy motions ; headache, drowsiness, dizziness ; retention of urine.

*Plumbum*.—Obstinate cases ; dark motions, consisting of *small balls*.

*Podophyllum*.—Pale or clay-coloured evacuations, mottled with green ; Constipation following Diarrhœa ; *Prolapsus ani* ; sallow skin ; restless sleep.

*Sulphur*.—Painful distention of the abdomen ; *habitual costiveness*.

ACCESSORY MEANS.—The diet should be regulated ; infants not allowed starchy kinds of food, or too much cow's milk : older children should not have cheese, or too large an allowance of meat. Fresh vegetables—cabbages, turnips, onions—ripe fruit, oatmeal-porridge with treacle, and brown bread may be taken freely. A draught of water, especially on rising and retiring, is also advisable. Frictions with the warm hand or with *olive-oil* over the back and abdomen are often effectual in affording relief, and are applicable equally to infants and older children. In obstinate Constipation, or if



worms are present, injections of tepid water, or soap-and-water, are generally serviceable.

Children should early be *habituated to solicit the action of the bowels every morning with regularity*. Purgatives are to be strictly avoided.

### 75.—Jaundice (*Icterus*).

DEFINITION.—A disease due to derangement of the biliary organs, characterised by yellowness of many of the tissues of the body, especially the white-of-the-eyes and the finger-nails.

SYMPTOMS.—Yellow tinge, first of the white-of-the eyes, then of the roots of the nails, next the face and neck, and finally the trunk and extremities. The urine becomes yellow-coloured or deep-brown, and stains the linen; the fæces whitish or drab-coloured; there is Constipation; lassitude; anxiety; pain in the stomach; bitter taste; and generally, febrile symptoms. Often the bowels are relaxed from the food not being properly digested and occasioning irritation. There are also, usually, depression of spirits, prostration of strength, and slowness of the pulse. The presence of the yellow tint in the conjunctivæ and urine is very conclusive that the patient is suffering from Jaundice, and not merely from the shallowness of Anæmia.

CAUSES.—Functional derangements, from atmospheric changes, fits of passion, or errors in diet. Occasionally infants are born with Jaundice, the liver not having yet assumed its function of purifying the blood.

TREATMENT.—In a large number of cases, *Mercurius* will meet every requirement, and unless some other



medicine is very clearly indicated it should be given every three hours.

INDICATIONS FOR THE SEVERAL REMEDIES.

*Aconitum*.—Jaundice from fright or cold; *febrile heat*; much pain below the ribs.

*Chamomilla*.—Jaundice caused by *fits of passion*.

*China*.—From indigestible substances, over-exertion, cold, when the disease assumes an intermittent character, and when large doses of mercury have been given.

*Mercurius Sol.* 3x.—One of the most useful medicines, when the patient has not been subjected to mercury under allopathic treatment.

*Nux Vomica*.—Pain in the region of the liver; *Costiveness*; sickness.

Chronic cases may require *Chelid.*, *Dig.*, *Hydras.*, *Nit.-Ac.*, *Phos.*, or *Podoph.*

ACCESSORY MEANS.—Flannels wrung out of hot water, applied to the region of the liver, relieve pain; in mild cases, the cold compress over the liver. Daily out-of-door exercise, regulation of the diet, and protection from atmospheric changes, are excellent *preventives*.

## 76.—Incontinence of Urine—Wetting the Bed.

This is a frequent and troublesome affection of children; not a disease in itself, but a symptom dependent upon causes almost difficult to detect; it may consist of partial or complete loss of power to retain the urine. The most common form is *Enuresis nocturna*—wetting the bed; in rarer cases the child may have an almost incessant urging to pass water, which, if not responded to, results in a painless, involuntary discharge. If the





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in moderate quantities, but only a small quantity of fruit, and no flatulent food. Nothing *hot* should be taken in the after-part of the day. Simple water, milk-and-water, and cocoa are the most suitable beverages. Cold water or mucilaginous drinks in moderation tend to diminish the acrid properties of the urine. The mother or nurse should be quite certain that the child fully empties his bladder before getting into bed, as a child very tired or sleepy is apt to shirk this. Until the cause is removed, the child should be taken up once or twice in the night to urinate. He should sleep on a hard mattress, with light clothing, and not be permitted to lie on his back; this may be prevented by fixing an empty cotton-reel so that on turning on his back the reel may press into the muscles. At bedtime an occasional warm bath at 90° to 98° Fahr., or a warm sitz bath, is often of great value in this disease, and greatly contributes to the success of the general treatment. Sponging the lower part of the back with hot water at bedtime is said to cure some cases of incontinence in children. Patients should take much open-air exercise, and have ablutions with *cold* water every morning: the whole process, including drying with a large towel or sheet, should not occupy more than a few minutes.

Children troubled with nocturnal incontinence should be prevented from falling into a morbidly profound sleep, as it is then that the discharge of urine occurs. Heavy sleep may be obviated by waking up the patient about the second hour of sleep.

Corporal punishment will work no cure. The fear of it increases the tendency to urinate in the case of nervous children. It should only be resorted to when



incontinence is the result of an indolent habit of neglecting the natural desire.

### 77.—Retention of Urine.

DEFINITION.—Inability to discharge the urine collected in the bladder.

SYMPTOMS.—The child is restless, uneasy, and unable to pass water beyond, perhaps, a small quantity, though there is frequent urging ; or there is a continual oozing of urine, which smells strongly ammoniacal. The urine may be bloody, or contain mucus or pus. In chronic cases it may result in dilatation of the kidneys, uræmia, and death.

DIAGNOSIS.—In retention of urine the distended bladder may be felt at the bottom of the abdomen, and its enlarged dimensions discovered by palpation. If a catheter be introduced, the bladder is found full. In suppression of urine the bladder is found empty. Death is preceded by drowsiness, coma, and convulsions.

CAUSES.—Cold ; acute fever ; fibrinous exudation ; injury to the spine ; inflammation of the bladder or urethra ; holding the urine too long ; paralysis of the bladder ; Stone in the Bladder ; Spasms ; Hysteria.

#### INDICATIONS FOR TREATMENT.

*Aconitum*.—Retention from *cold*, fever, or inflammation. Hot, dry skin, thirst, etc.

*Cannabis Sativa*.—Slight discharge, on urging, of *thick mattery urine*.

*Cantharis*.—Frequent urging, with total suppression ; or the discharge, with pain, of a *few drops of bloody urine*.

*Gelseminum*.—*Spasmodic retention* ; the water being passed freely at times.



*Nux Vomica*.—Constipation, heat in the lower part of the abdomen ; in patients of a bilious temperament.

*Pulsatilla*.—Bowels tending to be relaxed, heat in the lower part of abdomen ; in patients of a mild temperament and sensitive disposition.

ACCESSORIES.—The child should have a warm or hot bath, followed by ample friction, especially along the spine ; and only a sparing diet. Gum-water, barley-water, or cold water may be freely taken. The catheter is seldom requisite, unless there be spinal or other *organic* disease.

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## CHAPTER VII.

### DISEASES OF THE CUTANEOUS SYSTEM.

#### 78.—Swelling of Infants' Breasts.

THE breasts of infants usually contain at birth a secretion resembling milk. This, if uninterfered with, is soon absorbed, and the swellings subside. But many nurses will not leave nature to have her own way ; they consider it necessary to effect a speedy removal of the fluid by squeezing the breasts. The consequence is that inflammation and suppuration are often produced.

#### INDICATIONS FOR TREATMENT.

*Aconitum*.—If the inflammation is high.

*Arnica*.—If the redness is but slight.

*Belladonna*.—If the redness assume an erysipelatous character.

*Hepar S*.—If suppuration has taken place.

The medicine chosen should be given every four hours.





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**80.—Eczema—Scalped-head—Milk-crust.**

DEFINITION.—Eczema is an inflammation of the skin, characterised by more or less superficial redness, and closely packed vesicles, not larger than a pin's head; these run together, burst, and exude a starch-like fluid, which dries up and forms thin yellow crusts. The discharge has the property, when dried, of stiffening linen, which distinguishes Eczema from other skin diseases (*Dr. Tilbury Fox*).

Eczema is one of the most common of skin affections, and lasts a varying time according to the constitution of the patient, the treatment adopted, and other conditions.

No traces remain after its disappearance.

SYMPTOMS.—In very young children it commonly commences as an acute attack, which is prone to subside into a chronic form, and as such persist for a long time. The little patient is usually pale, thin, pasty-looking, feverish, and has an indifferent appetite. Locally, we have redness with vesicles or cracks, from which serous fluid copiously exudes, itching, heat, irritation, and crusts or scabs. Eczema generally appears on the scalp, behind the ears, on the face, the forearms, and the legs; it may also extend to the mucous surfaces. Indeed, Eczema affects all parts, but especially the scalp, ears, armpits, buttocks, and flexures of the joints. If the eruption be extensive, the constitutional symptoms—feverishness, wasting, etc.—will be more marked. In mild cases, when no vesicles are apparent, the disease may be recognised by the starchy nature of the discharge, and by the skin feeling thick when raised between the thumb and finger. It should not be for-



gotten that “in children pustular Eczema (Impetigo) is often excited by *pediculi* (lice)” (*Dr. Tilbury Fox*).

VARIETIES.—*Eczema simplex*, commonly termed “*heat-spots*,” may arise from exposure to heat or cold, or from the use of bad soap, etc. The patient complains of heat, and the eruption appears on the face, neck, and other exposed parts. *Eczema rubrum* often occurs on the inner sides of joints, as the thigh, groin, wrists, etc. *Bright-red*, shining eruption, burning pain, and brownish scabs are the characteristic symptoms. *Eczema impetiginodes* occurs mostly on the head of weakly infants. The discharge is soon mixed with *pus*, which forms greenish-yellow, thick scabs. Any of the varieties may become chronic, and in infants the last two are often more or less blended. It frequently breaks out again when nearly cured, leaving the skin harsh, dry, red, and thickened. (See next Section.)

CAUSES.—Hereditary tendency; the sun’s rays; heat; colds; stockings dyed with aniline; improper food; friction; irritation of clothes wet with urine; the local application of sugar, lime, coarse soap, soda, or Croton oil; poor health of the mother during lactation. When Eczema occurs in early infancy, the navel is generally its first site.

#### INDICATIONS FOR TREATMENT.

*Ant.-Tart.*—For *Eczema impetiginodes*; vesicles surrounded with red areola, especially about the nose, eyes, ears, neck, and shoulders.

*Arsenicum*.—Burning, corrosive discharge from skin. In chronic cases it is of the greatest use.

*Calc.-Carb.*—Thick scales, with *pus* underneath; stools chalky; nutrition defective.



*Croton Tig.*—Severe itching, with sickness, or painful Diarrhœa.

*Hepar.-Sulph.*—In chronic cases.

*Mercur.-Sol.*—Bright-red, shining eruption, burning pain, brownish scabs, swollen glands.

*Rhus Tox.*—Much itching, worse at night. The most useful medicine for simple acute Eczema.

*Sulphur.*—When situated chiefly on the head or vulva; violent itching; during convalescence.

ACCESSORIES.—A lotion\* of *Ant.-Tart.*, *Ars.*, or *Croton Tig.* may be used topically when the same remedy is being used internally. Ten grains of Trit. *Ant. Tart.* 1x, ten drops of Tinct. *Arsen.* 2x, or twenty drops of Tinct. *Croton Tig.* 1x may be added to eight ounces of distilled water, and used once or twice a day, or twenty drops of *Ol. Croton Tig.* mixed with an ounce of olive-oil may be employed instead of *Croton* lotion. When the head is affected, the hair should be cut short, the head well washed, using a little mild soap, and the scabs removed by the occasional application of *bran* or *mashed turnip* poultices. The *Croton*-and-oil, or one of the lotions mentioned above, should then be applied. When the irritation is excessive the following ointment will be of great utility:—Nitrate of Bismuth, grs. 30; Lard, one ounce: mix.

Great cleanliness is requisite. General baths and friction to promote the healthy action of the skin are of great service. The water used should be soft, hard water being irritating. Care should be taken not to spread the disease in washing. Vegetables, especially

\* I find a dry powder, such as starch, applied to the oozing surface the best application; and I am never in a hurry to remove it.—G. L.





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## 82.—Urticaria (*Nettle-rash*).

DEFINITION. — An eruption of little solid elastic eminences, roundish or oblong, pale in the centre, and red at the circumference, attended with smarting and itching, as though the parts had been stung by nettles —hence the popular name.

SYMPTOMS.—Towards evening, or when getting warm in bed, the patient feels an intolerable itching on the neck, arms, or body, and on scratching soon discovers large *wheals* (the eruption rapidly enlarging under the irritation of scratching) which burn, tingle, or smart, and prove the source of great discomfort.

CAUSES. — The acute form as seen in children, is generally due to Indigestion or eating particular articles of food, as bitter almonds, shell fish, oatmeal, etc. It may also be induced by a chill, or changes in the weather.

### INDICATIONS FOR TREATMENT.

*Aconitum*.—When caused by a chill, or accompanied with fever symptoms.

*Antimonium Crud.*—When caused by shell-fish, or almonds.

*Dulcamara*.—Cases occurring in *damp* weather; much irritation.

*Pulsatilla*.—When caused by fat, pastry, or pork.

*Rhus Tox.*—Small spots resembling flea-bites, with purplish swelling and intense irritation, particularly on the joints. It may also be used locally, replacing the *Veratrum V.* of the prescription below by *Rhus*  $\phi$ . (See also “Indigestion,” pp. 173, 174).

*Veratrum Viride*.—Intense pain and tingling. In



the following preparation it may be used locally with great benefit:—

R. *Ver.-Viride*  $\phi$ , gtts xx.  
       Aqua,  
       Spiritus, V. R. }  $\bar{a} \bar{a} \bar{z}$ ss.  
                           M.

### 83.—Intertrigo (*Intertrigo*)—Chafing—Soreness of Infants.

DEFINITION.—Redness and chafing produced by the friction of two folds of skin, especially in fat children. It is seen in the groin, armpits, and neck. Sometimes a fluid is exuded, the acridity of which increases the local mischief, and an offensive raw surface is soon produced.

Intertrigo differs from Eczema in its acute course, and in the character of the secretion, which is clear, and does not stiffen linen.

INDICATIONS FOR TREATMENT.

*Calc.-Carb.*—In scrofulous children.

*Cham.*—Very efficacious in infants.

*Lycopodium.*—In very obstinate cases.

*Mercurius Sol.*—Rawness and great soreness.

*Sulphur.*—In chronic cases; much itching.

ACCESSORIES.—The parts should be well washed with cold or tepid water, and carefully dried, two or three times a day; a piece of linen, saturated with *Calendula* lotion (a teaspoonful of the tincture to a tumbler of water), may be laid between the opposing surfaces; or, in bad cases, a lotion, composed of one part of *Tincture of Hydrastis* to five parts of *Glycerine* and five parts of



water, may be applied in the same manner; dusting the chafed parts with a fine powder consisting of equal parts of *Lycopodium* and *Oxide of Zinc*, or of Fuller's earth, is also useful.

#### 84.—Chilblains (*Pernio*) and Chaps.

DEFINITION.—A low kind of inflammation of the skin, attended with burning, tingling, itching, swelling, and sometimes ulceration. It commonly affects the fingers and toes.

CAUSES.—Chilblains generally occur in frosty weather from exposure to a low temperature, sudden changes, damp, warming the feet at the fire when cold or damp. The inflammation chiefly affects children of weak constitution, and especially such as have a predisposition to skin diseases.

##### INDICATIONS FOR TREATMENT.

*Agaricus*.—Stinging pains in the swellings; also when ulcerated.

*Arnica*.—Hard, shining, painful, and itching swellings; in the early stage.

*Arsenicum*.—Severe burning pains; also when ulcerated.

*Belladonna*.—Bright-red swelling pulsative pains.

*Cantharis*.—Intense itching and burning.

*Pulsatilla*.—Livid redness, itching and heating in the swelling, and worse towards evening.

*Rhus Tox*.—When the parts are much inflamed, or blistered.

ACCESSORIES.—All the remedies may be used externally





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by animal parasites; and the *Dermatophsie*, or those from vegetable parasites. Having found a suitable soil, they grow more or less rapidly, and produce certain symptoms.

*Tinea* is the generic name of all diseases characterised by vegetable growths on or in the hair. Those most commonly found among children are the following:—

1. **TINEA TONSURANS.**—This affection, known as the common *scurfy ringworm*, occurs most frequently in strumous children. Being contagious it is not necessarily associated with deranged general health. It occurs mostly between the second and twelfth years, as irregularly circular patches, varying in size from that of a sixpence to that of a penny piece, the hairs of which look withered, dry, thickened, and as if cut off at a short distance from the roots. The skin is red or scaly.

2. **TINEA FAVOSA.**—Commonly occurs when the child is about seven years of age, and appears as an eruption of sulphur-yellow, cup-shaped crusts, the central point of each being a hair. These may run together, giving rise to a honeycomb appearance; hence the popular name, *honeycomb ringworm*. It is contagious, but occurs more frequently in Scotland and on the Continent than in England.

3. **TINEA DECALVANS.**—This disease is more frequent in young girls than boys, and consists of *patches of baldness*, smooth, pale, and circular, one or several inches in diameter.

4. **TINEA VERSICOLOR.**—This commences as small reddish points, with irritation and itching increased by warmth, and followed by irregular, fawn-coloured



patches, dry, rough, scaly at the edge, and slightly elevated, and from which scurf can be detached by rubbing. The patches vary in size from half-an-inch to three or four inches in diameter, and occur mostly where the body is in *contact with flannel*, particularly on the chest, neck, and abdomen. Like the preceding, it is contagious, and its spread is favoured by uncleanly habits. It is also called *Pityriasis versicolor*, *Chloasma*, *variegated dandriff*, and *liver spots*.

5. SCABIES.—ITCH.—This disease is caused by the presence of a minute animal parasite, the *Sarcoptis hominis*, which burrows under the skin, and gives rise to an eruption and an intolerable itching. The eruption is vesicular, presenting numerous small watery conical pimples, and appears most frequently between the fingers, and on the bend of the arms in children, or on the thighs and buttocks and lower part of the abdomen in infants, by whom it is occasionally contracted from uncleanly servants or nurses. The irritation increases at night and in bed.

6. PHTHIRIASIS.—LOUSINESS.—Three species of louse are found on the human body, namely, *Pediculis capitis*, *P. corporis*, and *P. pubis*. They run about and bite the skin, producing intolerable itching, and occasionally pustular eruptions; their eggs are called *nits*.

TREATMENT.—It is obvious that in the above diseases external applications are the chief measures to be employed in treatment. Sulphur is the great enemy to parasitic life, and its local application is the most effective means for destroying parasites. In the first *four* diseases, cleanliness, friction, and a lotion of *Sulphurous acid* will generally cure. An alkaline solution



of *sulphur* will eradicate both vegetable and animal parasites, and may be prepared as follows :

℞ Common soda, half-ounce.

Flowers of sulphur, half-ounce.

Water, half-pint.

Simmer for half an hour. After well washing with soap, apply the clear liquid to the diseased part, and allow it to dry on. A thin layer of *sulphur* is deposited, which may remain for twelve hours, and then be washed off with a little vinegar and water. In very young children water may be added to the lotion before use.

In children several years of age the free application of *Sulphur ointment* rapidly destroys the *itch-insect* and its *ova*. After thoroughly rubbing the whole body with soft-soap and warm water, then washing in a hot-bath, or with hot water, and wiping thoroughly dry, the superficial and effete cuticle is removed, and the burrows and parasites freely exposed ; the ointment should then be well rubbed in and allowed to remain on the body all night. On the following morning a tepid bath, using yellow soap, to wash off the ointment left on overnight, completes the cure. If the application of the ointment and the ablutions be not thorough, the process should be repeated once or twice. But *Sulphur ointment* must not be continued too long, or it will produce an irritable state of the skin, which may be taken for a persistence of the disease. All contaminated linen should be boiled in water ; other garments should be well ironed with a hot iron, or exposed to hot air at a temperature of not less than 150° to 180° Fahr., or well fumigated with the vapour of *Sulphur*, to destroy any insects or





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due to the presence of a microscopic fungus which attacks the roots of the hair and produces a characteristic appearance and condition. The spores are disseminated by the atmosphere, in which they float with the dust, by contact of the diseased with the healthy, and by the use in common of towels, brushes, combs, sponges, etc.

**SYMPTOMS.**—When the disease exists on the head, the hair is dull, discoloured, dry, shrivelled, and brittle. But it is most easily detected by the presence of short *broken-off hairs which appear as if they had been nibbled close to the scalp*. In fact, these patches of stubble are the readiest sign by which to determine when the disease is cured. If the hair is growing naturally, and free from scurf where the disease existed, it may be presumed that there is no further danger of contagion ; but so long as there are the short broken-off hairs, there is room for doubt about the cure. Where the disease exists on the *body*, it has the appearance of red scurfy circular patches. A close inspection will discover that what hair there is looks dry and shrivelled. No special *constitutional* symptoms are developed.

**TREATMENT.**—*Sepia*, it is said, will, if given early, often arrest the progress of the disease. *Calc.-Carb.* and *Sulph.* tend to produce a healthy condition of the skin.

But its cure is best effected by the topical application of a powerful anti-parasitic (such as one part of *Carbolic* or *Acetic Acid*, mixed with double its bulk of water) by means of a camel's-hair pencil. The lotion should be allowed to act for about half-a-minute or longer, according to the effect produced upon the skin ; it should then be thoroughly washed off with tepid water, and afterwards



a wet compress applied for two or three hours to allay irritation. *Oleate of Mercury* (one part dissolved in ten of olive oil) is a less irritating and equally efficacious application. A few drops may be painted over, or gently rubbed into the part. One such application is usually sufficient. When the patch is large, or there are several patches, it may be advisable to operate upon a part of the diseased surface at a time, the parts left untouched being meanwhile kept moist by a diluted lotion (one volume of the above to ten volumes of Glycerine) in order to prevent the dispersion of their contagious spores. Where the disease is on the scalp, the hair should be cut close to the skin for a short distance beyond the margins of the patches before using the anti-parasitic application.

ACCESSORIES. — Strict cleanliness of person ; friction ; an occasional tepid bath ; if the skin becomes irritable, it may be occasionally washed in bran-water (a handful of bran boiled in a quart of water) ; generous diet ; for the impoverished, *cod-liver oil* ; change of air.

To prevent contagion, the affected child should be kept apart from all others ; his towels, brushes, etc., should on no account be used by any one else, and they should be thoroughly disinfected ; some disinfectant should also be freely used in his room.

## 87.—Stings and Bites of Insects.

### INTERNAL TREATMENT.

*Aconitum*.—Swelling, inflammation, fever.

*Arnica*.—After the subsidence of fever if there remain tenderness and smarting.



*Ledum Palustre*.—Said to be of great efficacy in the mosquito bites.\*

*Rhus Tox*.—Has often been used with good effect.

ACCESSORIES.—The remedy given internally may be employed as a lotion externally at the same time. If the sting of the insect be left in the wound it should be extracted as soon as possible.

## CHAPTER VIII.

### MISCELLANEOUS AFFECTIONS.

#### 88.—Cyanosis—Blue Disease.

DEFINITION.—A peculiar livid blue or purple condition of the skin due to malformation of the heart.

SYMPTOMS.—The livid colour of the skin and nails, and the purple colour of the lips and cheeks, are quite characteristic. Children suffering from this disease are ill-nourished and frequently rickety. They are easily tired, liable to palpitation, and to pant on slight exertion; the temperature is also below the healthy standard.

CAUSES.—As found in children, it is frequently due to malformation of the heart—as non-closure of the *foramen ovale*, deficient ventricular septum, etc.—which cause imperfect aeration of the blood, the venous blood being passed forward with the arterial current. It may, however, appear as a symptom of Croup or Cholera

\* I was in the West Indies, for a short time, in 1873, when I was fearfully tormented by mosquitoes. I found diluted Acetic Acid the most effective agent in relieving the sufferings they gave rise to.—G. L.





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the language by which its wants are expressed; but it is a mistake to suppose that the child should be presented to the breast, or that it is hungry, merely because it cries. The time that has elapsed since the previous nursing will determine the necessity or otherwise for feeding the child. Crying is, however, often due to *Colic*, wind, or other symptoms of Indigestion in hand-fed children, or in infants suckled by unsuitable wet-nurses. For a proper investigation of the cause of crying, the infant should be fully undressed in a room of a comfortable temperature. By this method the form and movements of the chest and abdomen; the state of the skin, whether hot or cool, moist or dry; the presence or absence of any eruption, and any other peculiarity present, may then be easily detected.

#### INDICATIONS FOR TREATMENT.

*Aconitum*.—Hot, dry skin; full pulse; restlessness.

*Belladonna*.—Crying without apparent cause; heat of the head; sparkling eyes; flushed cheeks; startings during sleep; Constipation.

*Bryonia*.—Constipation.

*Camphor*.—After *Chamomilla* when *Cham.* proves insufficient, and the child seems in great pain. (Dose: One or two drops upon a little loaf sugar; after crushing it well, a small portion of the powder may be placed on the tongue.)

*Chamomilla*.—Constant crying, with *drawing up of the legs*; pain in, or distension of, the abdomen; looseness of the bowels.

*Coffea*.—Nervousness, restlessness and tossing about; sleeplessness.

ACCESSORIES.—Hot flannel applied to the abdomen, or



rubbing with the warmed hand; placing the child on the knee with the stomach downwards, and patting the back gently, will often prove soothing. A warm bath, as described on page 24, is sometimes very beneficial.

### 90.—**Morbus Coxæ** (*Morbus Coxæ*) —**Scrofulous Disease of the Hip-joint.**

DEFINITION.—Chronic or Strumous inflammation, sometimes originating in the synovial membrane (the membrane which covers the joints, secreting the “synovial” fluid which lubricates the joints and tendons) or ligaments, and sometimes in the articulating surfaces of the bones, commonly met with in children, and before the disease assumes an active form, often attributed to “growing-pains.”

SYMPTOMS.—The first distinctive symptoms are—slight limping pain in walking, with disinclination to allow the entire weight of the body to rest on the affected limb. At this stage, the pain is *chiefly referred to the knee*. There may be even slight swelling in the knee-joint, so as to lead to error regarding the real nature of the disease. This is probably due to pressure on, or irritation of, the branch of the obturator nerve distributed to the capsular ligament, and *ligamentum teres*, referred to the terminal cutaneous branches of the same nerve. The real seat of the pain may be proved by pressing either the front or back of the hip-joint, or by jerking the thigh-bone against the joint, as by a sharp tap on the heel, when pain will be felt in the hip. On close observation, the limb will probably be found slightly flexed, and there may be feverishness and restlessness



in the evening, and perhaps slight twitching of the thigh in the night. As the disease progresses, the lameness becomes very decided, and the nates of the affected side waste and become flabby ; the limb is shortened, either by caries of the neck of the femur, or by ulceration and destruction of the ligaments of the joint, and consequent dislocation of the joint upwards on the *dorsum ilii*. This is termed *spontaneous dislocation*. There is increased fulness about the limb, the pains increase in severity, especially at night, and there are often violent startings of the limb during sleep. Abscesses form and afterwards burst on the nates (buttocks) or groin, or burrow deeply and discharge their contents into the rectum. *Wasting of the nates* of the affected side is one of the earliest symptoms of disease of the hip.

The *duration* of the disease varies from two to three months to several years. But it is much modified, both as to duration and results, by skilful treatment.

#### INDICATIONS FOR TREATMENT.

*Aconitum*.—If recognised in its early stage, a few doses of *Acon.* may be of service ; the presence of fever further indicates this medicine.

*Belladonna*.—In the early stage when the patient suffers great pain.

*Calcaria Carb.*—At the commencement of the second stage, when suppuration is threatening.

*Colocynth*.—Useful when there is much neuralgic pain attending the disease.

*Mercurius Cor.*—When the patient has a sallow complexion ; syphilitic taint.

*Silicea*.—When ulceration has taken place in the bones.





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CAUSES AND PROGNOSIS.—It appears to be caused either by pre-natal dropsy of the spiral membranes, or by arrest of bone formation. When the tumour is small and does not enlarge, or when it is attached by a long thin pedicle, a cure may probably be effected; even in cases in which the tumour has a broad base, and enlarges rapidly, or ulcerates, a cure may occasionally be effected; but the natural tendency of Spina Bifida is towards death.

TREATMENT.—When the child is otherwise in good health, and the tumour does not threaten to ulcerate, it should be supported by a well-padded concave shield, of such dimensions as to exert slight pressure on the contents of the tumour. When the tumour is pedunculated (*i.e.*, having a narrow base and growing, as it were, on a stalk), a soft bandage round the body and tumour, to support the latter, is all that is necessary. When convulsions or ulcerations are present, professional assistance is imperative. When there is only a slight connection between the tumour and the spinal canal, removal of the tumour may promise well; removal of fluid by the trocar, or pneumatic aspirator; and the subsequent injection of *Apis Mel.*, or *Iodine*, are other resources of the surgeon's art.

REMEDIES.—*Calc.-Carb.* or *Calc.-Phos.* favours the formation of bone. The bones occasionally appear to grow and obliterate the connection between the spinal canal and the tumour, when a cure generally results. To this end *Calc.* is of great assistance.

*Apis.*—The internal and external use of this remedy tends to remove the contents of the tumour by promoting absorption.



## 92.—Lateral Curvature of the Spine (*Curvatura Extraversa*)—**Skoliosis** (Gr., σκολιός, crooked).

DEFINITION.—The spine is curved sideways, usually to the left,\* and also somewhat contorted by twisting of the vertebræ on their long axis, at each bend, from accidental disturbing causes, and not from any abnormal constitutional condition, as in *angular curvature*.

AGE OF PATIENTS.—Lateral Curvature generally commences from about the tenth to the fourteenth year or upwards, when the spine has nearly reached its full length. The deformity makes the most rapid progress in the youngest subjects, for when the vertebræ lose their spongy texture and become more compact, they yield less readily to the irregular forces which severally act upon them. By about the seventeenth year, when the skeleton has nearly attained maturity, curvatures have generally reached their maximum degree; they are then both unlikely to get much worse, and indisposed to yield to treatment.

SEX AND SOCIAL STATUS.—The distortion is almost peculiar to girls, and to patients of the well-to-do class; and the reasons may be easily understood. To maintain in healthy vigour the muscular appendages of the spine, proper exercises, regular and varied, are necessary. But in the case of females of the wealthy class such exercises are much neglected as puberty approaches. Previously they mix with and join in the games of the

\* In a large majority of cases, probably nine out of ten, the direction of the curvature in the lumbar region is towards the left side, the concavity looking towards the right, and the one in the dorsal region has, consequently, its concavity towards the left side of the body.



opposite sex ; but now they tend to become reserved, and begin to give evidence of their feminine character.

In their education, too, nearly the whole of their energies are demanded for mere accomplishments and learning ; while the health and bodily development receive but an inconsiderable share of attention. Sitting at lessons and the piano for many hours, without the relaxation of free open-air exercises, naturally causes exhaustion, which tempts them to stoop or lean on one side or the other, and thus to an extent relieve the muscles of the spine of the task which belongs to them exclusively. But when such patients stoop or bend excessively, not only are all the ligaments of the spine—elastic and others—brought into a state of tension, but the various tendinous expansions, layers of fasciæ and inter-muscular septa, connected with the muscles of the back, are extended and act as ligaments in upholding the body.

The result of indulging in these lounging habits is, that the ligaments and allied parts become overstretched and unqualified to knit the bones together. It is as if the shrouds of the mast of a ship had been slackened and required bracing, and owing to the loosened and relaxed condition, the muscles are overtasked to keep the column erect (*Shaw*).

The faulty habits in question occur more frequently in girls than in boys, partly because their constrained habits call into requisition artifices of this nature, and partly because their mode of dress conceals such malpostures as would be seen in boys and condemned by their superiors.

Formerly, Lateral Curvature was considered a symp-





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have been compared to those of a ball-and-socket joint. Now these twenty-four discs of cartilage are compressible to such an extent that an adult loses about half-an-inch of his height after having been in the erect posture all day, and does not regain it till after he has been lying at rest for several hours. Their united thickness is about 3·875 inches ; so that nearly one-eighth is lost by the day's compression. If then the weight of the body falls day after day unequally on the spinal column, it must be evident that the cartilage will become compressed on one side more than on the other, and if long continued, this compression may become permanent.

Further, the vertebral bones themselves, in growing persons, are porous and spongy, and will yield somewhat to unequal pressure. Moreover, the borders of the articulating surfaces consist of cartilage, and the muscles and ligaments, which are numerous and act in many directions, are weak and immature, and a habit, therefore, of leaning on one side may render a curvature permanent. The latter causes, however, are but inconsiderable, lateral deformity depending more generally upon the density of the layers of fibro-cartilage. From *post-mortem* examinations of one hundred and thirty-four persons whose spines were crooked, it was found that in two-thirds the bones were perfectly normal, and that the most frequent cause of curvature existed in the intervertebral substances. On the concave side of the curve these substances were almost obliterated, and on the convex side preternaturally thick. At the same time, the muscles on the convex side were lengthened, and degenerate in structure.\*

\* See Hildebrant's *Anatomie*.



PRODUCING CAUSES.—It is probable that the lumbar curve is first produced, this part of the spine being most flexible, and having a most unstable support—the pelvis. There is a particular posture into which persons are disposed to place themselves to obtain relief when fatigued, and in which the spine is bent laterally at the loins—that is, *standing at ease* on the right leg, with the knee of the left a little bent. This posture, which is a common one with persons who stand much, causes a large sweeping curve from the dorsal region to the sacrum, and if the habit is frequently indulged in by a growing person, the curve is likely to become a permanent one. Other causes may be occupations and games which tax one side of the body more than the other, or which require the raising of one shoulder-blade and arm, crossing the legs, sitting on one side, leaning on one hip, or bad postures while sewing, writing, drawing, reading, playing the piano, carrying a child on one arm, and the exercise of many kinds of handiwork. Even bad postures in lying, sitting, and standing are liable to cause lateral curvature. All these causes are much more likely to produce deformity when combined with insufficient unrestrained open-air exercise. One leg being shorter than the other, walking with an artificial leg, Hip-joint disease, Rickets, paralytic and rheumatic affections involving the lower extremities, may also cause distortion.

SYMPTOMS.—The most obvious one is the presence of a double curvature, something like the italic letter *f*: the one is *primary*, and caused by bad postures; the other is a *compensatory* curve in the opposite direction, to restore the equilibrium disturbed by the primary curva-



ture. The waist is short and broad, and there is diminished length and increased breadth of the trunk generally, with disproportionate length of the extremities. If the patient places herself in a lounging posture, the clumsiness of the waist will be aggravated; but by requesting her to make a vigorous effort to raise her body upright, the length of the waist will be perceptibly increased. In slight cases, the deformity in the waist and loins may be best detected by requesting the patient to bend, as in making a bow, when the deformity at once comes into view. One of the shoulder-blades, or one side of the bosom, projects, and the right shoulder and right side of the chest are preternaturally high and rounded, while the opposite are depressed and concave. In like manner, while one hip projects the opposite is curved inwards.

TREATMENT.—This must be regulated by the nature, extent, and cause of the deformity. If treatment is neglected, curvatures, however slight, will certainly get worse; for the extreme flexibility of the spine in youth, while it offers a favourable condition for cure, equally tends to an aggravation of the deformity if treatment is neglected. Further, as rigidity of the column increases with years, so the prospect of improvement correspondingly diminishes; at the same time, and for the same reason, curvatures of long standing in persons of mature growth are less likely to grow worse.

1. CALISTHENICS.—A suitable course of Calisthenic exercises in the open air, or Swedish medical gymnastics, in a well-ventilated room, must be intelligently adopted, and graduated to the strength of the patient; they should be contrived so as to bring the left arm





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struments, and (according to our observations) intensify the evils from which the patient suffers. To fix a portion of the body which nature intended to be most mobile, immovably in one of these machines, not only interferes with the respiratory movements, but weakens, and subsequently destroys, muscular power—that power on which we rely for maintaining the erect posture when treatment is suspended. In incipient curvatures, from the age of ten to fourteen or fifteen, when the flexible and yielding body is continually varying its size and shape, metallic instruments, which retain one unchangeable form, are most pernicious. Later in life, the vetebræ and ribs become more fixed and solid, and a better fulcrum can be obtained at the pelvis for the contrivances which are intended to strengthen and support the column. Unfortunately, however, by the time these instruments could be applied with less injury to the structures, the curvatures have become too rigid for them to be of any avail.\*

We have repeatedly advised the removal of these machines, and adopted rational measures and treatment, to the great relief of patients, and their subsequent early recovery.

2. REMEDIES.—In many cases constitutional treatment is necessary to correct or prevent the consequences of the faulty habits which have led to the deformity. One or other of the following remedies is most likely to be required:—*Calc.-Phos.*, *Calc.-Carb.*, *Phos.-Ac.*, *Puls.*, *Nux. Vom.*, *Sulph.*, *Silic.*, *Arn.*, *Rhus*, etc. *Arnica* or *Rhus* may also be used in the form of a *lotion* or

\* I have seen the greatest benefits result from the use of well-constructed instruments.



*liniment*, to be rubbed into the overstretched and weakened muscles and tendons.

Combined with the medicines, the best hygienic conditions should be adopted. Good diet, including, if necessary, Cod-liver oil; pure air, if possible sea or mountain air; bathing the whole body, and especially the back, with cold (at first tepid) salt-water, followed by vigorous friction and shampooing, especially directed to the spine, to strengthen its muscles and ligaments; a mattress instead of a feather bed to sleep on; early hours for rising and retiring; warm, easy, and light clothing, especially avoiding stays, tight-fitting boots, garters, etc.



# APPENDIX.

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## BEFORE BIRTH.

IT has long been known in the case of certain diseases, and of one especially, constitutional syphilis, that it is possible to so treat the mother during pregnancy that her offspring shall have a good chance of escaping the family taint. In his work on *The Prevention of Hare-lip and other Congenital Defects*, Dr. Burnett has given this principal a wider application. The article was originally in the form of a paper read by Dr. Burnett at the British Homœopathic Congress at Leeds in 1880. He shows how the judicious treatment of the mother may affect the future offspring for good. In the case of constitutional syphilis this fact has been recognised and acted upon; but there is no reason why the scrofulous, or the consumptive, or any other similar tendency should not be grappled with in the same way as the syphilitic. Of course this is a question for a medical man to decide upon, and it will be for him to direct the treatment. But the fact is one of extreme importance, which mothers ought to know of, and therefore we mention it here. All those who have the misfortune to be the subjects of any constitutional disorder or tendency, and have the prospect of becoming parents, should be aware that by judicious medical treatment much may be done to protect their possible offspring from suffering as they do themselves.





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**Fibro-cartilage.** A substance intermediate between cartilage and ligament, which constitutes the base of the ears, the rings of the windpipe, etc.

**Fluctuation.** The undulations of fluid in the cavity.

**Fontanelles.** The cartilaginous spaces in the head of an infant at the juncture of the bones.

**GANGRENE.** Mortification.

**Gastric.** Pertaining to the stomach.

**Gonorrhœa.** A contagious discharge from the urinary organs.

**HÆMATURIA.** Passing blood with the urine.

**Hæmorrhage.** Loss of blood.

**Heartburn.** A hot sensation in pit of stomach.

**Homogeneous.** Consisting of similar elements.

**Hygienic.** Relating to the preservation of health.

**ILEUM.** The lower three-fifths of the small bowels.

**Incubation.** The time between the reception of a poison and the occurrence of its action.

**Innervation.** The functions of the nervous system.

**Insomnia.** Restlessness in sleep.

**LACHRYMATION.** A profuse secretion of tears.

**Lactation.** The process of secreting and supplying milk, of nursing, or suckling.

**Larynx.** The upper part of the air passage.

**Leptothrix Buccalis.** A parasitic plant.

**Lesion.** An injury or disease of some organ or tissue.

**Leucorrhœa.** Whites.

**Ligamentum teres.** The round ligament connecting the thigh and hip bones.

**Lymph.** The fluid in the lymphatic vessels.

**MAMMÆ.** Breasts.

**Meatus.** The ear canal.

**Membrana Tympani.** The drum of the ear.

**Mesenteric Glands.** The lymphatic glands of the small intestine.

**Metastasis.** The removing from one part to another.

**Miasm.** Contagious effluvia.

**Molars.** The double or grinding teeth.

**Mucous Membrane.** The lining membrane of the digestive organs.

**NATES.** The buttocks.

**Nidus.** A nest.

**ŒDEMA.** Local dropsy of cellular tissue.

**Orbicularis Palpebrarum.** A small muscle which closes and protects the eye.

**Otorrhœa.** Discharge from the ear.

**Ozæna.** Fetid discharge from the nose.

**PABULUM.** Food, or means of subsistence. Usually spoken of in regard to the germ theory of contagion. Those who are susceptible to a disease are said to afford "pabulum" for the disease germ to subsist upon and multiply. The phrase "a suitable soil" is sometimes used instead.

**Parotitis.** Mumps.

**Pathological.** Characteristic of disease.

**Pedunculated.** Having a peduncle or stalk.

**Pericarditis.** Inflammation of the sac which surrounds the heart.

**Peritonitis.** Inflammation of the lining of the abdominal cavity.

**Pertussis.** Whooping cough.



**Ptyalism.** Salivation ; increased flow of saliva.

**Phymosis.** Swelling of the foreskin.

**Pneumo-gastric Nerve.** The eighth pair of nerves, distributed to the lungs and stomach.

**Pneumatic Aspirator.** An instrument for drawing out fluids from closed cavities. It consists of a hollow needle which is thrust into the cavity, the needle being attached to an air pump, the action of which draws out the fluid.

**Prophylactic.** Preventive.

**Purulent.** Of the character of pus.

**Psychical.** Relating to the mental and moral faculties.

**RALES.** A whistling, cooing, or rattle in the chest.

**Rectum.** Terminal part of the bowel.

**Regimen.** Rule of diet.

**Resolution.** The subsidence of inflammation without suppuration, etc. ; the dispersion of swellings.

**Rima Glottidis.** The aperture of the windpipe.

**Roseola.** Scarlet red.

**Rubeola.** Measles.

**SALIVATION.** See Ptyalism.

**Secretion.** Fluid separated from the blood.

**Sensorium.** The centre of perception in the brain.

**Sequelæ.** Secondary disease following another.

**Serum.** The watery portion of the blood.

**Sloughing.** The mortifying or dying of the tissues.

**Sordes.** Accumulation of dried and discoloured mucus on the teeth.

**Sporules and Spores.** The reproductive parts of seed.

**Sputa.** The spittle, or expectoration.

**Stamina.** Inherent force or vitality.

**Stasis.** Standing, stagnation.

**Struma.** Scrofula.

**Styptic.** An astringent.

**Suppuration.** Formation of pus.

**Sutures.** The junction of the bones of the skull.

**Syncope.** Fainting.

**Synovial membrane.** A membrane attached to tendons and lining joints, and secreting a kind of lubricating oil—the synovial fluid.

**Syphilis.** A venereal poison.

**TABES MESENTERICA.** Consumption of the bowels.

**Tenesmus.** Straining of the bowels after a motion.

**Trachea.** The lower part of the windpipe.

**Tubercle.** The early deposit in the organs of scrofulous and consumptive persons.

**Tuberculosis.** The morbid state that gives rise to tubercles.

**Tubular Fibrils.** Minute or ultimate fibres.

**Turgescence.** Swelling from excess of fluid.

**Tympanitic.** Distended like a drum.

**Tympanum.** The drum of the ear.

**ULCERS.** Open sores.

**Uvula.** The pendulous body which hangs from the middle of the soft palate.

**VARIOLA.** Smallpox.

**Vascular.** Abounding in blood-vessels.

**Vetebrae.** The spine bones.

**Vesicles.** Pimples containing fluid.

**Vesicular.** Having the appearance of vesicles.

**Virus.** Poison.

**Vulva.** The external female genitals.

**Zymotic (leaven).** Contagious diseases.



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