often more harm done to a child's nervous system, by cramming the draught down its throat, than all the good the nauseous drug was supposed to effect. Children will often take days to recover their equilibrium after a protracted encounter with the medicine-glass in the nursery, under the stern discipline of a would-be conscientious nurse. Judging from the varied susceptibilities and dispositions of the children under my care, some of them having very resolute wills, others possessing—I cannot say endowed with—mothers of a pronounced æsthetic temperament, to whom everything is a bore, except a novel to read and a sofa to lie upon, it becomes most important to formulate a line of treatment that will satisfy such requirements.

This class of children are generally ruled by a domineering old woman they call "nurse", displaying a maximum of "tall talk," with a minimum of what she delights to call "common sense" (and very common, indeed, it proves to be). The medical man must cultivate a habit of attacking such a stronghold of prejudice and conceit by a series of carefully planned flank movements, in such a way that the nursery magnate may be drawn, against her own convictions, into a pliable frame of mind, sufficient to enable the medical man's physis and regimen to stand a chance of being attended to.

To attempt to invade the sanctum of a nursery where the lady-paramount is cajoled into the idea that "nurse is a treasure", and prefers rather to foster the notion, than to care to have her eyes opened to the actual state of reigning ignorance, requires all the practical art of the medical man gradually to overcome and remedy.

Undoubtedly the ailments under which children for the most part suffer, belong to the preventable class. They are due sometimes to overfeeding; very often to neglect, especially of the calls of nature; and very much to general bad management. With this view, it may be well to presume that the best and most approved mode of treatment for habitual torpidity of the bowels is not medicine, but an enema of soap and water, with occasionally a little castor or olive oil added to the injection. If this do not succeed, and the child's appetite begins to fail, it is an indication for administering medicine by the mouth.

Fortunately, the art of the apothecary comes in to our aid, and we are now enabled to give the most nauseous of drugs—castor-oil—absolutely free from taste and smell, while it retains the full aperient properties of ordinary castor-oil. Messrs. Allen and Hanburys themselves advise that it should be shaken up with three or four times its bulk of hot milk. The viscosity of the oil is thus avoided, and the emulsion produced is scarcely distinguishable from warm rich milk.

If it be desirable to administer an aperient that will act more directly on the liver, and to avoid the unpleasant effects which often arise after taking "oil," the compound rhubarb pill will be found a serviceable aperient. Of course, some new method for its administration will be desired, which I shall now detail. Either an ordinary five-grain pill may be cut up, and a portion of it broken in small pieces may be buried in a chocolate-cream, which the youngest child will take with avidity; or for children of, say five years and upwards, I have given one-half and one-fourth of a grain of this pill, thinly coated. Half-a-dozen or so may be taken, like "hundreds and thousands," and washed down with milk or water.

The medicated fruit lozenges are very useful, *e.g.*, tamar indien and laxora lozenges. Podophyllin is probably one of the active ingredients in these lozenges. Only a small portion of a lozenge must be given to a child. The objection found with these is that they sometimes "gripe" the little patient. Next to these, perhaps, in efficiency and palatability is the compound liquorice powder, containing senna powder. About a teaspoonful stirred up with warm milk may be taken at bedtime, and a little chloric ether added (about ten to twenty drops). Very few children will object to take fluid magnesia or the calcined magnesia, especially if flavoured with the syrup of mulberry or orange.

I have succeeded in masking the taste of many powders by the addition of powdered "rose" lozenges. I very seldom prescribe Gregory's powder, on account of its nauseous character and bulk. I prefer to combine the rhubarb with bicarbonate of soda about five grains of each. This makes a much more miscible and manageable powder. Given in jam, honey or golden syrup, the taste is altogether covered.

Children will sometimes take the "baume de vie," or decoction of aloes, without objecting much. A little of this rubbed into the stomach of infants will suffice sometimes to procure an action of the bowels. The extract of liquorice may be added to the decoction until the bitter taste is sufficiently masked. Children have not really such an aversion to it, for I have known them to lick off the aloes from their fingers when put on to prevent them from sucking them.

Powdered aloes, about half a teaspoonful, may be given mixed with brown sugar. The electuary of senna is taken without difficulty by some children, also the syrup of senna and the infusion with prunes. The effervescent purgative lemonade is a very agreeable drink, as also half a seidlitz-powder flavoured with lemon-juice.

Turning now to febrifuge mixtures, there is not much need of flavouring to mask the flavour of these. Sweet nitre, acetate of ammonia, spirits of chloroform, are all pleasant drugs to take. The nitrate and chlorate of potash are rather saltish, but the sal prunelle and Wyeth's compressed tablets will be taken by the bigger children without much protest. The syrups of orange, lemon, and mulberry, will come in as agreeable and cooling adjuncts. Cough-mixtures can generally be made very pleasant by the addition of syrup of squills of tolu, etc.

As regards tonics, some considerable skill will be necessary efficiently to cover the bitter flavour. Children will take the saccharated carbonate of iron very well, and also steel wine; but if we attempt to give the bitter infusions, there is sure to be rebellion in the nursery. Quinine—one of the most valuable medicines for children—can be given without difficulty, either in the form of pill or, which I prefer, dissolved in syrup of orange, without the addition of any water. This effectually covers the flavour. Quinine wine is useful for the elder children.

Chemical food is, of course, taken with relish, and if recently made is a serviceable tonic; but the phosphates, from their insolubility, throw down very much. The compound solution of the hypophosphites, in ten-minim doses, and the hypophosphite wine, forms a perfect substitute for Parrish's food. Besides having iron in a form which is easily absorbed, the hypophosphite of magnesia serves as an useful antacid and stomachic in this combination.

With a view of putting into practical form these few suggestions, and to systematise the irregular but constant attempts of mothers to keep a little dispensary of their own, I have instructed Messrs. Savory and Moore to fit up a nursery medicine-chest, with a companion guide, to assist mothers, especially those residing in the colonies and far away from medical aid, to treat their own children in such emergencies.

EXCISION OF AN ENORMOUS TUMOUR (PROBABLY OSTEO-FIBROMA) GROWING FROM THE BASE OF THE SKULL, PRESSING ON AND PARTIALLY ABSORBING THE RIGHT SUPERIOR MAXILLA, AND NECESSITATING THE REMOVAL OF THAT BONE.

By WILLIAM STOKES, F.R.C.S.I.,

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EARLY in October of last year, J. T., aged 47, a farmer by occupation, was admitted into the Richmond Surgical Hospital, under my care, having been recommended to me by my friend Dr. G. Plunket O'Farrell. The patient was suffering from the existence of a large tumour intimately connected with the left superior maxilla. It extended chiefly into the mouth, filling to a great extent that cavity, resting on the tongue, and almost extending across to the right tonsil. This rendered both mastication and deglutition most difficult. Externally, there was, on the left side of the face, rather a fulness or tumefaction than any distinct tumour. Two points of apparent fluctuation on the surface of the tumour inside the mouth were observed, one to the left of the incisor teeth, and the other about the centre of the tumour. The patient first noticed the growth about eighteen months previously to his admission into Richmond Hospital; but, judging from the connections which I subsequently found, the tumour had probably existed for a much longer period. The patient did not suffer any pain; there were no ulcerations on its mucous surface, and, externally, the integuments presented a perfectly healthy appearance. His general health was unaffected. As the tumour was making a serious advance into the cavity of the mouth, to a great extent filling it up, I determined, strengthened by the coinciding views of my colleagues, to remove the growth; and, on October 30th, the operation was performed. The incisors being extracted, an incision was carried from the inner angle of the eye along the side of the nose, then horizontally to the septum, and finally through the lip vertically downwards (Ferguson's incision). The flap was then dissected backwards. I then found, on making slight pressure on the anterior surface of the tumour, that the bone yielded, giving the sensation of parchment. I then dissected the nasal tissues towards the right side opening into the nasal fossa. The two superior maxillary bones were then separated.

by a powerful curved toothed forceps. From the inner angle of the eye an incision was carried horizontally outwards towards the malar eminence, and, on dissecting the flap further back towards that point, I was enabled better to estimate the extent of the tumour. With the forceps, I then separated the nasal processes of the superior maxillary from the nasal bone, and carried on the division of the bone horizontally outwards below the infraorbital ridge, being anxious to preserve that portion of the bone. The separation of the maxilla from the malar bone was now effected, and I was then made fully aware of the extensive amount of absorption of bone which had been caused by the tumour. On lifting up the portion of bone separated by the forceps, and passing my finger upwards and backwards, I found the floor of the orbit had been invaded, and the tumour attached mainly to the cranial base, mostly to the body of the sphenoid. Below, it had become attached to the left half arch of the palate, which was removed with the tumour. Externally, the growth extended to a point behind the malar eminence. The extensive attachments of the tumour superiorly, inferiorly, and laterally, made its removal a matter of extreme difficulty. Great hæmorrhage attended the operation, which was checked mainly by the free application of the actual cautery. At first, this failed to arrest it, and I then endeavoured to apply ligatures to the bleeding points; but, owing to the great depth at which they were, this was found impossible. I then applied the actual cautery a second time, and, fortunately, with success. Before closing the wound, I placed a plug deep into it when the bleeding occurred, and then brought the flaps together with numerous points of carbolic catgut sutures, except at the divided portion of the lip, which were approximated with hare-lip pins and a figure-of-eight suture.

The patient's recovery was uninterrupted, immediate union taking place throughout the entire extent of the facial wound. The deformity resulting from the operation was surprisingly little.

Mr. Abraham, the talented Curator of the Museum of the Royal College of Surgeons in Ireland, kindly examined the tumour with his accustomed care; and the note with which he furnished me in reference to its pathology will doubtless be read with much interest.

"The sections of the growth examined are made up of lobules of epithelial tissue, separated by septa of young fibrous tissue, of which the larger sometimes contained newly formed trabeculae of bone. The epithelial cells have large well-defined spherical or oval nuclei, and their cell-substance is more or less granular. In shape, they are occasionally columnar, but more often polygonal, or with an indistinct boundary. They are situated in one or more layers around alveolar spaces, which are generally occupied by a mass of amorphous material. In some parts, the spaces are elongated and parallel, giving the tissue the appearance of a collection of tubular glands."

The points of special clinical interest in this remarkable case were: the exceptionally great size of the tumour; its extensive attachments to the sphenoid, palate, malar, and superior maxillary bones; the alarming hæmorrhage that attended its removal; the rapidity and completeness of the patient's convalescence; and, lastly, the difficulty of arriving at a definite conclusion as regards its pathology. The probabilities of the recurrence of the growth are, I should say, great; but I have not been able to ascertain if there be any evidence of its return as yet.

OCULAR HEADACHE.

By CHARLES HIGGENS, F.R.C.S.Eng.,

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HEADACHE due to irregular or excessive action of the internal or external muscles of the eyeball is familiar enough to ophthalmic surgeons; but in spite of the frequency with which it has been alluded to by writers on ophthalmic subjects, the profession at large does not seem to recognise the connection between pain in the head and abnormality in the eyes.

Perhaps the most common form of "Ocular Headache" is that which occurs in connection with myopia of rather high degree, in which the farthest point of distinct vision is so near the eyes, that very great strain of the internal recti muscles is required to keep the visual lines converged upon the point at which ordinary print or small objects can be clearly seen.

The case reported by Mr. Carter, I think, in the *Lancet*, about four years ago, and so often quoted since as to have become famous, is a remarkable instance of headache occurring in myopia, and de-

pendent on overstrain of healthy internal recti muscles. Other cases dependent on the internal recti occur in emmetropia or slight hypermetropia, but in these the muscles are actually weakened, not overstrained by prolonged convergence to too near a point, in the *Guy's Hospital Reports* for 1875, I called attention to these cases in a short paper on "A Form of Muscular Asthenopia."

The remaining cases of "Ocular Headache" are accounted for by astigmatism—simple myopic of low degree having to answer for many cases—and rather high degrees of hypermetropia. In these, the headache is due to irregular or excessive action of the internal muscles of the eyeball.

Dr. Brailey has called attention to the subject in a paper on "Astigmatism considered in relation to Headache and certain Morbid conditions of the Eye" (*Guy's Hospital Reports*, 1878). The following two cases are good instances of the disease under consideration.

CASE I.—J. K., aged 27, a solicitor, for two months had had difficulty in reading, pain in the head, and general feeling of uneasiness. He had been treated for biliousness, and had taken remedies for headache without relief. He had almost determined to give up business, believing he had some form of brain-disease. He was advised, before deciding, to consult an oculist. I saw him on June 11th, 1880, and found vision and accommodation normal; convergence was good up to one foot, but imperfect nearer; diplopia occurred after exclusion of either eye. There was manifest hypermetropia = $\frac{1}{4}$. I ordered glasses convex 36, decentered inwards, to be used for reading and all near work. On July 7th all the unpleasant symptoms had disappeared. I heard of J. K. some months later. He was at his business, and had no difficulty in reading or writing for any length of time.

CASE II.—Mrs. M. J., aged 39, suffered from headache since childhood; she had used glasses for distance for years. She had always noticed that her headache was worse after reading or working. The glasses she was using were — 14 spherical. I found under atropine myopia $\frac{1}{4}$, with myopic astigmatism $\frac{1}{8}$ in both eyes. Glasses — 18 cylindrical for reading and working, — 18 cylindrical — 24 sph. for seeing at a distance were ordered. Two months later, the headache had greatly diminished, and reading or near work caused no discomfort.

NITRITE OF AMYL IN URÆMIC ASTHMA.

By SOLOMON C. SMITH, M.D.,

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WITHIN the last month, two writers in the *JOURNAL* have testified to the usefulness of nitrite of amyl in allaying the paroxysms of uræmic asthma. There is no doubt about its efficacy; but it is too potent a remedy to be used without great care. Its very power is its danger; for it often gives such relief, even in desperate conditions, that a feeling of false security is apt to be engendered, the gravity of the case being put in the background by the comfortable feeling that relief can always be obtained; and thus, instead of the asthma being accepted as a most urgent warning of danger, the facility of getting relief is taken as a permission to throw aside restraint.

Of this, Dr. Sheen's case (*BRITISH MEDICAL JOURNAL*, April 28th) is a good example. The patient got relief by means of the amyl; then refused further treatment, and died.

Considerable latitude has been allowed in the use of the term asthma, it being often applied to conditions which resemble it in one thing only, that is, in the difficulty of breathing. True asthmatic paroxysms do, however, occur as a result of renal disease, but they form only one species of uræmic dyspnoea. It has seemed to me that, putting on one side cases of pleuritic and pericardial effusion, the attacks of dyspnoea which occur in the course of disease of the kidney may be roughly divided into four groups, in only one of which is nitrite of amyl of much service.

1. True asthma, spasmodic, passing entirely away between the attacks, unaccompanied by signs of cardiac weakness, often produced by errors of diet, and indistinguishable from ordinary spasmodic asthma, except for the discovery between the paroxysms of symptoms of chronic kidney-disease.

2. Exceedingly rapid breathing, with sensations of breathlessness, but without any obstruction to the respiration, without wheezing, and without apparent effort. This, in a minor degree, is one of the ordinary early symptoms of kidney-disease, but is sometimes so aggravated as to seem to stand out by itself as a disease apart. Neither of these conditions has appeared to me to be at all markedly under the control of nitrite of amyl.