LECTURE
ON THE
DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By DR. MEREI,

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LECTURE X.

Special and specific remedies. Hydrochlorate of ammonia, kermes, ammonio-sulphate of copper, cod-liver oil, mercury, iodine, anthelmintics. External remedies.

GENTLEMEN, — *Hydrochlorate of Ammonia* (*Sal ammoniac*) is a remedy used throughout all Germany, Italy, and Hungary, as the most effective in *bronchitis*. An extensive trial and observation has satisfied me as to its good effects, and I recommend it to you with full confidence. I mean in simple cases of *bronchitis*, without acute inflammatory symptoms, (acute pain in the chest along with strong fever, excluding its good effects), without great nervous irritability or spasmodic cough. At any rate, the dose must be smaller in proportion to the greater inflammatory or nervous irritability of the case, the former requiring an addition of nitrate of potash, the latter of tincture of opium, to the solution of the remedy in question. *Pneumonia* is not benefitted by it. It acts by promoting resolution by increased action of the mucous membrane, and thus hastens the process of recovery. I prescribe it in the following way:—*R. Aquæ Destil.*, oz. ij.; *Hydrochlor. Ammon.*, gr. viij.—xij.; *Tinct. Opii. Simpl.*, gtt. ij.—ijj.; *Extr. Glycir. Liquid.*, dr. iss. For children from one to two years old, a teaspoonful every two or three hours. For a child six years old I would prescribe one scruple of the salt to eight ounces of water, and two teaspoonfuls as a single dose.

I beg to remark, that, according to what I expressed in Lecture VII., I do not like to prescribe this mixture to a tender suckling infant, or where gastric disorder is present.

Kermes mineralis, viz., sub-bisulphuretum antimonii, or Plummer's powder, in former times was very much used in *bronchitis* or *pneumonia*. It appears by the inquiries of Professor Skoda of Vienna, confirmed by myself, that it is unworthy of our confidence as a curative power, whilst it easily deranges the stomach of tender infants, and as I have observed a hundred times, it goes out with the *feces* unaltered.

Ammonio-sulphate of copper I regard as the sovereign remedy of *chorea*. In the records of the Children's Hospital at Pesh, there are 177 cases treated with this substance, 170 of which have been restored to perfect health in the average time of twenty-two days, (the shortest, I think about a fortnight, the longest forty-five days.) The others were cases of the worst kind.

I have seen in many instances, the complication with *chlorosis anæmia*. In this latter case we may properly add to the mixture of ammonio-sulphate of copper, (as I will soon bring it before you,) a proportion of the æthereal tincture of iron previously mentioned.—*R. Aquæ Menth. Pip.*, oz. iv.; *Ammonio-Sulph. Cupri*, gr. viii.; *Tinct. Opii Simpl.*, gtt. viii.—xii.; *Syr. Simpl.*, oz., ss. M.

In this way it will be possible to administer large doses of the remedy, which otherwise easily cause nausea, vomiting, gastric, or intestinal pains, and diarrhoea. The tolerance of it, however, being very different, I almost always commence with one teaspoonful as a single dose, four or six times a day, and increase the quantity gradually, as far as the idiosyncrasy allows it. Many children, from about nine to fourteen years old, could take of this mixture one tablespoonful four or five times a day, or about four to six grains of it, and continue this during some weeks, whilst in powder we scarcely succeed with more than half a grain per dose. When sickness is produced, we cease with it for one day, and then lessen a little the doses.

Cod-liver oil, is the real specific of atrophy without organic destruction, or a high degree of exhaustion: increasing the vegetation, and by it the autocratic power, we easily conceive how, in many ailments, it can become useful in an indirect way; but directly, it acts only by improving the vegetation which frequently becomes weakened or retarded between the sixth and eighteenth month. If such an individual be affected with any other malady—for instance, with chronic *bronchitis*, or atonic diarrhoea, scrofulous ophthalmia, caries, etc., the basis and commencement of the cure I always effect by cod-liver oil, and in many cases accomplish it without any other assistance.

At Pesh I have prescribed the brown quality of the oil, (got from Norway,) to more than a thousand children in the hospital, and to a greater number besides, in the quantity from two teaspoonfuls to two large tablespoonfuls every day. Sometimes it caused diarrhoea, or increased it if present. This circumstance seldom deterred us from its use, and we succeeded in counteracting it by an occasional dose of Dover's powder, or some aromatic drops, mixed with tincture of opium, but still it is always a disagreeable collateral effect.

The English cod-liver oil, which is white, or nearly so, has the advantage over those yellow and red-brown kinds, of being much less disagreeable to the taste, and, as it seems to me, more easily digestible, and not so irritating to the intestines. Concerning the difference between them, it seems the brown colour depends partly upon the process of fermentation—first, under the action of heat and atmosphere; and, secondly, upon the boiling to which the livers in Norway are afterwards exposed; whilst the English is obtained in the most simple way. As far as I can judge, I do not think the English has less curative power, whilst in all other respects it is decidedly superior to that used in Germany.

Mercury.—Since I regard it as a matter of fact, ascertained by a great number of observations, that frequently repeated moderate or small doses of calomel, are likely

to derange in an insidious way, the state and functions of the mucous membrane of the stomach, to cause in infants or young children even superficial erosions of it, that frequently a more or less conspicuous dyscrasy or cachexy ensues from its use, and finally, that in some cases it has become evident that the vegetation of the child, in particular the process of ossification has been impaired, I must regard it as a mischievous abuse or superficiality, to make use of mercury in children's practice, without necessity and its clear indication. It is not a remedy to be used as a simple and common purgative, and its antiphlogistic and alterative power, the latter in particular, are rather obscure. Nor is it more evident in its action upon the lymphatic or absorbent vessels.

Besides the necessity and efficacy of mercury in all primary, and many secondary, forms of syphilis, I could make clear only the following effects:—Moderate and full doses of calomel produce motions considerably charged with bile, and after its anti-syphilitic quality, in this we find its clearest indications, *i.e.*, to increase the secretion of bile. But as a simple purgative, or as a derivative, intended to exert in this way a beneficial influence upon the inflamed brain or lungs, its action appears to be too slow, and not evidently endowed with a special advantage above liquid purgatives. Its purgative effect is the most retarded in the case of feverish heat, with dryness of the mucous membranes.

As to its direct *antiphlogistic* property, which we attempt to realize by small or moderate doses, in the way of absorption, continued until the mercurial symptoms do appear, this effect, I sincerely confess, is not very clear. We have considered strictly, and subjected to comparative examination, a great number of cases of acute inflammations, partly treated with mercury, (internally and by inunction,) and partly with other remedies, and the conclusion was, that it does not avail against the most acute parenchymatous inflammations of the brain, throat, or lungs, the least of all in infants or young children, in whom these inflammations run with so extreme a rapidity towards their issue, that a treatment by mercury, which acts slowly in proportion to their course, is but a dangerous loss of time. Twelve hours are already a long time in these affections, and it will scarcely be possible in that time to produce mercurial dyscrasy and fever, from which a powerful antiphlogistic effect, so necessary in those affections, might be expected. On the contrary, it seemed to me in a great many cases, that in a slow or a moderate course of serous inflammation—fixed in the pleura, pericardium, abdominal and intestinal peritoneum, or in the articulations—there is some reason for recommending calomel. If, then, transudation has already taken place, (in order to promote absorption,) I advise you, besides the internal use of calomel, to practise at once one generous inunction, (from half a drachm to two drachms,) with the *strong* mercurial ointment, in order to induce *mercurial fever*. Some striking effects of the kind which I have witnessed, have been produced in this way, by reaction and crisis, with profuse perspiration consecutive to it. I have, however, *never observed the*

absorption of the hydrocephalic liquid, (when manifested by the unequivocal symptoms of pressure,) under the use of mercury. In chronic hydrocephalus I found it to be rather mischievous.

My experience speaks decidedly against the use of mercury in infants or children who are weak, cachectic, or much subjected to derangement of the mucous membranes; these are the very *counterindications of mercury*, to which I feel compelled to add a developed scrofulous constitution. It is a deception if one states he has resolved a scrofulous infiltration of the abdominal glands by the use of mercury. These glands are not easily diagnosticated, and the external glands, of a decidedly scrofulous character, have not yielded, as far as I could see, to mercurial treatment.

I content myself with these few remarks upon mercury, to which I could add many others. Children are much less liable to salivation than adult patients, perhaps because their skin is more active, but still I have seen many distressing cases of mercurial cachexy in the early periods of life.

The mercurial disease is, I may say, chemically removeable by a well-managed treatment with iodide of potassium, dissolved, and administered with a large quantity of water.

Iodine, a remedy which, I believe, we may justly call *anti-dyscrasic*, *viz.*, which has the effect of promoting directly the depuration of the organic liquids from some dyscrasic elements. I am far from saying it is a general anti-dyscrasic, nor can I approve of the name of anti-scrofulous, as applied to it, scrofulous "being still a very vague," not to say superficial expression. But I can state the fact, that I have seen *improve*, under its use, *in a proportionally short time*, some hundreds of cases with different complaints, which we usually call scrofulous, and above all, those characterized by impetiginous or eczematous-impetiginous eruptions over the skin, the improvement or cure having been effected in the wards of the children's hospital, *without the influence of change of air or baths*, the usual assistants of antimonial and other remedies, regarded as anti-scrofulous, but which, in the hospital of Pesth, without those assistants, did clearly appear inefficacious. I beg to state, that if remedies would be subjected to similar trials in large hospitals, as we perform them in Pesth, with iodine and some other substances, by and by the number of pharmacological fallacies would become reduced. If any one should ask me, in what manner iodine acts as anti-dyscrasic, I am not perfectly sure how to answer. It acts, evidently, in a stimulant way upon the mucous membranes, the kidneys, and upon the liver. The latter action has not been *duly* noticed, though I can assure you that almost all bilious, or what they call hepatic constitutions, are most disagreeably affected even by small doses of iodine, so that these temperaments are seldom allowed to pass even through a mild course of iodide of potassium. Dyspepsy, for bilious vomiting, is a frequent effect, but I never observed bilious diarrhoea. The most obvious effect of it, however, is to produce irritation in the mucous of the eyes and the

nose connected; in higher degrees, with fever and headache, it acts decidedly upon the urinary apparatus, commonly increasing the secretion of urine, by which more or less of it is again carried out of the body. Its action upon the skin is the latest, and appears as consecutive to its stimulant action upon the mucous membranes. Iodine fever resembles catarrhal fever, and is frequently followed by perspiration. Salivation, and some other effects of it, are less constant and important.

In some individuals, but very seldom in young children, we have observed a slight diminution of the testes; in some ladies the glandula mammaria has been diminished. These effects will sooner happen under long continued small doses than under large ones, when they will excite febrile reaction.

I have observed that the more there was of iodine fever, with consequent crisis, the more evident was the anti-dyscrasic effect of this remedy.

In the clinical case-book of the children's hospital of Pesth there is a considerable number of different affections of bones, of one or more years' standing, in scrofulo-impetiginous children, which, under the phenomena of iodine-reaction, have been cured in the short time of one to three months.

After all that I have seen, it seems to me that *the anti-dyscrasic action of iodine is not a directly chemical one, like that of iron in chlorosis, but appears to depend upon producing a sort of disturbance, the reaction upon which is followed by the curative effect.* From this it seems to follow that whilst in chlorosis we must give iron in frequently-repeated small doses, iodine must be administered in the opposite way. Many cases, however, may be improved or cured without fever. Fever has also its minimum in the body, which is scarcely perceptible.

From the above statements it results that iodine, in order to become a strong curative power, requires a constitution fit for its reception and reaction upon it. Now, full, phlegmatic, or lymphatic constitutions bear it the best, the nervous less, the bilious the least of all. Atrophy and anæmia must be removed before we commence with iodine. And when we consider that atrophy is the most direct indication for cod-liver oil, and the most direct counterindication for iodine, it becomes clear that these remedies act in an opposite way, and that cod-liver oil owes not its effects to its infinitesimal part of iodine.

Now, I should feel very glad were I able to point out to you and describe more exactly the cases in which you may expect advantages from iodine. But, without having before us the patients, it is scarcely possible to give you exact directions.

Comparatively full phlegmatic constitutions, affected with eczema-impetiginosum, or even with caries, supported, in general, the strongest iodine treatment, and had the best results of it. This is one of the best results we had in the Children's Hospital with that remedy. On the contrary, prurigo, impetigo, achor, lupus, scrofulous, or tuberculous infiltration of the glands, do not yield to the iodine treatment. Catarrho-scrofulous conjunctivitis also excludes the use of iodine,

because under its action the inflammatory character of this affection almost constantly increases long before an anti-dyscrasic effect could be obtained. On the contrary, I frequently succeeded with it in torpid forms of swelling of the meibomian glands.

If a dyscrasic local affection, which we think proper to be successfully treated with iodine, does occur in an emaciated child, we must, before its use, improve the constitution with cod-liver oil; if the subject is anæmic a course of iron must precede. In children of a nervous temperament, or where we encounter a great disposition to catarrhal irritation of the intestines, we assist the iodine treatment with opium or Dover's powders.

CASE OF

LARGE SINGLE OVARIAN CYST,

TREATED SUCCESSFULLY BY OPERATION.

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THE following case presents many points of interest. At the time the operation was performed, it was considered impossible the woman could long have survived, if the plan of repeated tapplings had been adopted. The operation performed was a modification of that proposed by Mr. Bainbrigge and Mr. J. B. Brown, but the external opening was made lower down than has hitherto been attempted, to facilitate the exit of the discharge, and to prevent the bagging of the cyst below the external aperture.

Mrs. L., aged 32 years, tall and slight, has been married seven years, has had three children and aborted twice; has never been strong, though enjoying tolerable health; she suffered occasionally, about ten years ago, much pain in the left side, over the region of the descending colon but does not remember if it was worse during the catamenia; menstruation natural up to her marriage. Had a lingering labour with her first child five years ago, and since then has been more weakly, but had nothing particular to complain of. Was confined again in 1849, and had a good time; she remarked, however, that she did not regain her natural size; health much as usual. Her last child was born in January, 1851; labour natural; after which she so rapidly increased in size that it was necessary to tap her in March, and twelve quarts of clear and highly albuminous fluid were removed; recovered quickly. She again consulted me in October, being much distressed by the reaccumulation of the fluid.

Dr. Tyler Smith saw her on the 27th of that month, and it was agreed if, on a careful examination, all the other internal organs were found to be normal, to perform the operation recorded.

Present State.—Extreme emaciation, the nipple was apparently the only portion of the mammæ remaining; thoracic viscera healthy; urine slightly albuminous, probably from the pressure the kidneys were subject to;