LECTURE
ON THE
DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

By DR. MEREI,

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LECTURE VII.

EXAMINATION; DIAGNOSIS; THE FIRST STEPS OF
THE PRACTITIONER; MILK, FOOD, DIET.

GENTLEMEN,—The examination of an infant, or a little child, that cannot answer our questions, is a difficult task, which requires particular qualities on the part of the physician; without the qualities of an exact observer, and without a good deal of delicacy, patience, and cleverness in the whole proceeding, the results will be quite uncertain. I will not speak here about the natural dispositions, nor am I able to point out all the particular means, and variations of these means, suitable to the various cases, by which, in some instances quickly, in others only after a long and repeated series of observations and inquiries, we unveil the malady. I recommend, however, and will bring before you, a certain method and order in this business to which a young practitioner must in general attach himself, in order to obtain by practice a satisfactory degree of skill.

All your senses must co-operate in this task; but, above all, your eyes should be accustomed to read the countenance of the child, and to survey so closely the whole frame, that not a single muscular movement in any part of the body may pass unnoticed. Be not deterred by the difficulties. I have no doubt you will more than once look into this book of nature before it becomes legible to you: you will fix your eyes upon, and watch the countenance of the little patient, and find no clear expression in it, and this, perhaps, in a great number of your first cases. But continue, nevertheless, to employ the same method with intense application; the time will come when you will perceive impressions and understand signs, which formerly have been hidden before your eyes, and which, to superficial observers, continue to be so.

At your *first visit*, in particular, if you are a stranger to the child, and this latter older than five or six months, you must be careful not to frighten the little patient, either by the sound of your voice or the fixity and expression of your eyes and countenance; you must avoid even to attract its attention, because a sick child once alarmed, irritable and crying, becomes a subject the more obscure as it is intractable.

If I find the child either in its bed or in the arms of its mother, in both cases when I enter the room I take

position at a certain distance, which allows me, however to observe it by an occasional glance. Then, supposing the child to be in its bed asleep, I observe it for a certain length of time as closely as possible, with particular regard to the respiration, occasional sighs, moans, and movements of the head, the body, or the limbs; and there are cases in which it is possible to accomplish our task for that visit without consenting to awake the child. In general, however, it will be necessary, after a time, to awake it, to put it into various positions, to observe its respiration and general behaviour, in the dorsal as well as in both lateral positions; then we request the mother to take it up into her arms.

If I find the child in the arms of the mother, in certain cases (in particular, of suspected or evident affections of the organs of the chest,) it will be desirable to observe it also for a while in the mentioned various positions in its bed; but after this, and almost always, I accomplish the most important parts of the examination whilst the child is in the arms; this being in general the more favourable position for our eyes, ear, and hand, and the less likely to provoke the child's reluctance.

Directing, then, the person attending on the child to walk with it to and fro in the room, I follow it with my eyes, observing its countenance, the keeping of its head, and every movement or expression.

When the position of the child gets changed, and the body or single members moved, an occasional moaning, or cry, or other expression of pain, must not escape our attention, as it may lead us to discover some affected locality.

During all this time we ask for information with regard to all points of the management and habitual behaving of the child, the progress of its development, and the circumstances connected with the present malady.

It is most important to get a just idea of the complexion and disposition of the child. Accordingly, we cause the belly and the legs to be for a moment uncovered; after which, if the case seems to require it, we do the same with the chest and arms. If the patient is above six months old, we ask about the progress of the dentition, the ossification of the fontanelles, and the muscular power of the legs and arms.

Then we approach (in cases of irritable children, the best from behind and unnoticed) touch the region of the fontanelle, in order to ascertain the state of the ossification, and touch then for a short time, and in a delicate way, the pulse. Then we advance cautiously our right hand from behind under the clothes over the belly, and exert gradual pressure in different regions of it; at last, if we suspect a disorder of the respiratory organs, we press in a direction and degree to push the viscera upwards towards the diaphragm, by which act the inspiration becomes difficult and forcible, so that we may perceive a significative change in the breathing of the child.

All this manipulation must be performed, in general, quickly and in an easy manner, with more or less

caution and subtilty, according to the various temper of the child, in which, if it is very irritable, it is desirable that one or more persons assist us, by distracting its attention, whilst we touch its body in a more or less concealed way. The success of our diagnostic operations depends very much upon its crying being avoided before and whilst we examine the abdomen.

Then we proceed to the chest, by auscultation and percussion; and, as I mentioned in the third lecture some particulars concerning these most valuable means with children, I will here only advise you to commence in general with auscultation over the dorsal and postero-lateral regions of the chest. In or near these regions is the usual seat of the greater part of the affections of the lungs and pleura; and it will be easy to give to the child a position on the arm of the mother or nurse by which we are enabled to auscultate upon these regions from behind, and perhaps unnoticed by the child. Then, if we deem it necessary, we auscultate on the anterior part, and as this most frequently causes crying, I recommend you to auscultate at first over the heart, inasmuch as loud crying, and the arterial excitement caused by it, conceal or pervert some movements of this organ, whilst the sounds and râles of the bronchi are not so easily veiled by it. If I see or suspect the child to be very irritable, I use always on the anterior part the stethoscope, but posteriorly the immediate auscultation.

Finally, as percussion almost invariably causes crying, we must practise it the last, and in all those cases, at first upon the abdomen, in which we deem an exact investigation of this cavity necessary, which by crying becomes the most difficult. The percussion of the chest, the most enlightening in children, can be successfully practised even amidst violent crying.

We must, then, pay all our attention to the condition of the skin and of the joints, including their mobility. Nothing is more usual than a superficiality in this latter respect, by which I have seen severe rheumatic affections, and even a degree of swelling overlooked by the physician in repeated visits.

If the little patient cries from time to time very violently, with all the expression of severe pain, of which we know not yet the seat, in this case we must carefully investigate the state of the ears, the gastrointestinal, and the urinary functions; because pains and spasms in these parts are the most severe, and much more common with infants than with adult patients. We shall be able in general to detect the seat of pains and spasms, partly by a certain series of questions, partly by the directions which we give to our own observation, and to that of the attendants.

It would be too long to enter here into a detail concerning the abdominal, including the urinary symptoms. Some particulars upon these, as well as the other parts and functions, I tried to expose to you in the former lectures, from their objective point of view; in the present, I wish only to offer a kind of *general scheme* of the examination of a little patient,—a *scheme* and an *order* which every intelligent young physician will be able to modify according to each single case.

I beg, however, to recommend warmly to your attention, the order and the reasons of that order in the procedure of the examinations, which occasionally you may modify, shorten, or prolong, and strengthen by the microscopic and chemical tests, with the utmost minuteness, according to the nature of the case, whilst I can assure you that irregularity, superficiality, and want of cleverness, have still their share in the examination of little children, and engender many faults in their treatment. In spite of all exactness and cleverness in examination, however, a practitioner, well aware of the difficulties and obscurities in this department of medicine, will frequently postpone until his next visit the accomplishment of the diagnosis and of a decisive line of treatment. The parents in general ask with eagerness our opinion upon the case, and expect anxiously the prognosis; but the rapidity of changes with children's ailments, makes it necessary on the side of the physician, to speak and act with careful reflection and reserve, in order to avoid future disappointment and contradiction.

If the case be not the most evident, our first prescription, if at all necessary, must not be too active nor too special; but, if possible, of that kind which may contribute to enlighten the case for to-morrow. Thus, suppose we cannot make it clear, whether the pain of which we see the unequivocal manifestations, has its seat in the abdomen, in the brain or the ear, a mild purgative or soothing injection, and linseed poultices on the belly, will frequently enable us at our next call, to settle the diagnosis by its effects, positive or negative.

Milk, Food, and Diet.—It will be almost invariably necessary, to give at the first call our opinion and directions concerning the nourishment of the child. I will bring before you in a few words the principal points of my experience on that subject.

A healthy mother ought to suckle her infant, this is the most favourable for both parties; but a mother of an unhealthy complexion, or very delicate, subject to nervousness, or being of an hysterical irritable temper, or one who feels very much weakened, with pains in the chest during the act of suckling, ought to be strongly requested to abstain from, to shorten, or end the lactation. It is, however, not always an easy task for the physician to decide in this matter of lively feeling. It is not rare to find, with very delicate females, plenty of milk, and their infant prospering by it, whilst they become weaker and thinner themselves every day. This we may concede for a certain time, but oppose earnestly, as soon as pains in the chest, or disturbance in the functions appear. In a nurse I would also very much look on the state of the skin and teeth. Excepting certain acute and decidedly local affections of the skin, of a short duration, all others, even light but *chronic* eruptions, seem to me objectionable in a nurse; the pustular more than the vesicular, and por-rigo more than impetigo. Ladies of a fatty complexion, who are *embonpoint* and have large fatty breasts, frequently secrete too little milk, or of a thin innutritious quality. We see this by pouring a few drops into a

glass full of water, when thin milk will not form those bluish-white pearl-coloured molecules, proper to a more nutritious quality, but soon dissolve and mix with the water. By the microscope the milk in the first weeks after delivery presents a small number of regular spheroid milk-globules, and a large amount of irregular little bodies (Dr. Donne's "*corps granuleux*") and another kind of viscid or mucous matter floating in the serum, but after that first period a good milk must show a large amount of regular milk-globules. Casein, the essentially nutritious element, is by the soda of the milk kept in a dissolved state; consequently it is less perceptible by physical means.

A thick and heavy quality of milk is not always proportionally nutritious; it may contain a large amount of fat globules, and other lower elements, and less of the most important casein, it will not consequently be recommendable. It may be also too heavy for the infant's digestive powers. It appears already from this, that in case we should have to recommend a nurse, we must not recommend one whose milk is much older than the infant. There are, however, some qualities, both positive and negative, in the milk, which we cannot yet discover, though experience convinces us of their existence; these are certain *vital* qualities, in one case beneficial, in another mischievous, to the digestion and vegetation of the nursling, and we must frequently in cases of lactation form and pronounce our judgment according to the observation of the effects upon the child. Thus the existence of the catamenia of suckling mothers and nurses is, in the majority of cases, a circumstance announcing a damaged milk, and the necessity of abstaining from lactation. This is often imperious with females who, during the catamenial periods, suffer very much from headache, abdominal spasms, and loss of appetite. This is, however, not the case with some plethoric women, whose catamenia do neither disturb their health, weaken them the least, nor disturb or pervert the effects of the lactation upon the child.

If the suckling mother or nurse is of a suitable complexion, it will be the best plan to limit the nursling's nurture only to the milk till about the fourth month, or even above; then the next addition to the milk of the breast may be, at first once, and further, twice in the day, a decoction of cocoa, with the addition of a little milk and sugar, or a light chicken or mutton broth, (not fat); towards the seventh month with a little biscuit or sago boiled in it. There are some other kinds of food also admissible for that age; for the one child the one will do better, and for the other another. And the complexion or state of health of the child requires also, in many cases, modifications of the general rules. Common sense and observation is the best teacher also in that particular. I beg, however, to recommend to you the following points, as leading principles in the great plurality of cases. Milk, or other likely liquid food, should not be given oftener to a young infant than at intervals of three hours; this secures a better digestion. The age naturally fit for weaning is that of from nine to twelve months; in some cases of delicate

children we prolong the period of suckling something more.

If circumstances necessitate the feeding a newly-born infant without the breast, or to wean it long before the natural period (the eruption of the teeth), the best, at least the safest, substitute in the first month will be two parts of *boiled* fresh cow's milk mixed with one part of a very light infusion of aniseed, so as to impart only a slight aromatic property to the milk, and give a little sugar with it. The addition of the aromatic water can then be, in the second month, gradually diminished, and at last entirely left off.

Before the ninth month it is scarcely ever necessary to give more substantial food than that I mentioned before, beef-tea or broth, with sago, biscuit, and semola.

After the age of from the twelfth to the fifteenth months it is almost invariably advisable to accustom the child gradually to a more substantial food; for instance, besides sago, barley, or rice, boiled with broth, a little of mild vegetables, as a second dish, and to advance about the eighteenth month to a little tender meat. These points, however, are subject to modifications by the complexions or particular dispositions of the children.

If the child has a large abdomen and skull, and its hair resembles flax, if there is great voracity of bread or other farinaceous food, in this case we must try in a proper way to accustom the child more and more to animal food, and to restrict all that is farinaceous. I have described the disposition in question in the sixth lecture, under the name of "*scrofulo-impetiginous*" habitus.

For the mentioned complexion (not unfrequent) a common fault and mischief is committed by feeding them already in their tender age with a composition of milk with bread, or other farinaceous articles, which combination is the worst of all for them, being generally very liable to produce acidity and flatulence, not seldom an unhealthy chylus, and bad assimilation.

Those complexions which I have described (lecture sixth) as nervous and sanguine do not want much of animal nourishment, not even in the second year of age; and the children with dark-coloured hair and brownish skin, with a dark red hue on the cheeks (bilious and plethoric) require in particular and essentially the use of preserved fruits and boiled greens.

Sometimes we are obliged to change the kind and manner of nourishment; but, as rules of importance, I wish to establish the following:—Till about the fourth month only milk; till about the eighth month only one liquid kind of food, besides milk, once or twice every day, in regular hours and quantities; during the second year twice thin liquid and twice more substantial; during the third and fourth year twice liquid with some bread, and twice a more solid food; only one of these meals, however, ought to consist of two qualities of dishes, one of which may be meat, as the principal repast of the day.

If we observe regularity of time and simplicity of kind—that is, if we give to the child continually, at the same periods of the day, the same kind of food, two

advantages are obtained :—the stomach and other abdominal organs will at that time and of that kind digest better, and it will be more easy under this regimen to detect the first commencement of functional derangement and malady. Frequent variations with the kind of food lead to voracity and indigestion.

I forgot to mention the occurrence of pregnancy as an imperative reason for weaning the infant. Sore nipple, if severe, unmanageable, and causing to the mother, during the act of suckling, insupportable pains, may also be regarded as a circumstance making weaning necessary.

With regard to *diet and hygienic means* I think I need not enter into particulars. The important specialities of *therapeutical diet and hygiène* I suppose to be in general known to you; and some indications and modifications of the kind result also from what I have brought before you when speaking of the different kinds of food convenient to the different dispositions and ages of children. A good ventilation of the room, a convenient sort of clothing, a suitable kind of bed, and attention to be paid even to the position of the child, different in different maladies; these are points easily to be understood. Let me, finally, remark that in inflammatory diseases a reduction in suckling, viz., in the quantity of the milk of the breast, and, at the same time, the frequent use of cold water; in acid and flatulent dyspepsy, again, complete abstinence from farinaceous food. These measures act sometimes more powerfully in children's ailments than pharmaceutic substances. Next I shall speak upon the most useful remedies in children's practice.

ON THE IMPORTANCE OF DISCRIMINATING
BETWEEN

PREGNANCY & ABDOMINAL DISEASE.

ILLUSTRATED BY A VERY RECENT CASE.

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THERE is no subject upon which it behoves the medical practitioner to exercise more care and caution than the above. Considering the magnitude of the physical and moral consequences involved in the question, and the well-known obscurity of many of the symptoms presented to us, along with the great difficulty of determining either their positive or their relative value, we ought to search diligently for every available proof on the one side and on the other, and yet, after all, ponder over the matter well and deeply before we commit ourselves to a decided opinion; for, if we only recal to mind the ordinary symptoms of pregnancy, we shall at once see that almost all of them are beset with doubts, and that their strength consists more in their number than in their individual weight. Thus, for instance, the increase of size in the abdomen may be due to sundry other causes, as polypus, ossifica-

tion, hydrops uteri, and hydatids. So may the irregularity of the menses, which discharge, from being profuse in the earlier or irritative stages of ovarian or uterine disease, may be quite stopped in the later. Sickness is certainly no criterion of itself. The enlargement of the breasts and of their areolæ, and also the secretion of milk, may take place under other irritations of the ovary, as well as pregnancy. Kiestine in the urine has now been shown to be a very doubtful mark. Even the supposed movements of the child, when only felt through the parietes of the abdomen, may be simulated by rushes of gas under certain forms of disease; and, though the stethoscopic signs of the cardiac and placental sounds within the womb must always afford proof positive of the presence of a living child; they are, of course, not applicable to one that may be dead. Ballotement is certainly a very valuable sign, but when that and the stethoscopic evidences are wanting, it becomes us to look with much discredit on any of the other symptoms, the most of which are merely sympathetic. Moral considerations are also to be taken into account in such a review of any case, as the station, known principles, and habitual manners of the patient. That great difficulties will beset certain cases, even when there exists the most earnest desire to arrive at truth, there can be no doubt, as witnessed in the memorable instances of Queen Mary and of Lady Flora Hastings. But these difficulties should only afford a wholesome lesson against rash conclusions, especially when ladies are unmarried, of mature years, and of superior character; and the following case, as resembling in the most essential point that of the late Lady Flora, is now adduced, to enforce such caution, especially on the part of our younger brethren. The writer holds a very strong opinion in regard to the non-publication of cases occurring in private practice, but he conceives that that principle does not apply to occasions such as the present, when he can positively vindicate, and feels that he ought to vindicate, the injured reputation of a deceased female patient, who, though conscious of innocence, was yet deeply wounded by the widely-spread suspicion against her. The facts are as follows :—

Miss P—— of this town, and late of Henly-in-Arden, aged about 34, of pious reputation, and unmarried, had, about eight months ago, or more, first become conscious of an uneasy pain at the lower part of the abdomen, which was by and by followed by a swelling in that region. At first, without being subjected to any particular examination, she had been treated for dyspepsia, and some hepatic affection, by a general practitioner, to whom she did not seem to have mentioned the above notable fact of enlargement. Afterwards, as the disease advanced, and assumed a more serious aspect, others were called in, and a physician of some standing, and others of obstetric experience, at length thought it necessary to declare positively that she was pregnant, in order to save professional reputation. Accordingly she was treated under this idea for some time, until, from certain communications to that effect, the patient and her friends declined further